| | ure Proponent | Signature of Controlling Officeholder, Candidate, State Meas | Ву | | Executed on |
|---|--|---|--|------------------------|---|
| - | ure Proponent | Signature of Controlling Officeholder, Candidale, State Measure Proponent | Ву | | Executed on |
| [| Responsible Officer of Sponsor | Signature of Tressurer or Assistant Treasurer Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor | Clark | 4 | Executed on03/24/2014 |
| a to the end complete, forth | | ie Lemanter | that the foregoing is true and correct. | he State of California | under penalty of perjury under the laws of the State of California that the foregoing is true and correct. $03/24/2014$ Executed on $03/24/2014$ |
| s is true and complete. I certify | d in the attached schedule | Verification I have used all reasonable dilicence in preparing and reviewing this statement and to the hest of my knowledge the information contained herein and in the attached schedules is true and complete. I certify | this statement and to the hest of my know | paring and reviewing | 4. Verification |
| | | OPTIONAL: FAX / E-MAIL ADDRESS | | | ортіомаt: ғах / ғ-маң address wallyleimgruber@sbcglobal.net |
| DE AREA CODE/PHONE | STATE ZIP CODE | CITY | DE AREA CODE/PHÔNE | STATE ZIP CODE | |
| | | MAILING ADDRESS | × |) STREET OR P.O. BC | MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX |
| | ANY | NAME OF ASSISTANT TREASURER, IF ANY | 760-356-2639 | CA 92250 | CITY Holtville |
| AREA CODE/PHONE | CA 92250 | Holtville | | | 1725 Towland Rd |
| | | 1725 Towland Rd | | | |
| | | Marjorie Leimgruber | | | Leimgruber for Supervisor 2014 |
| | | NAME OF TREASURER | | | COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) |
| | | Treasurer(s) | D. NUMBER 1363114 | 1.0. 13 | 3. Committee Information |
| | | | Officeholder Committee (Also Complete Part 7) | | Small Contributor Committee O Political Party/Central Committee |
| | | Amendment (Explain below) | Primarily Formed Candidate/ | | ☐ General Purpose Committee ☐ Sponsored |
| Supplemental Preelection Statement - Attach Form 495 | | (Also file a Form 410 Termination) | (Also Complete Part 6) | ₽ O(| (Also Complete Part 5) |
| Quarterly Statement Special Odd-Year Report | ☐ Quarte | Preelection Statement Semi-annual Statement | Primarily Formed Ballot Measure Committee | | Officeholder, Candidate Controlled Committee State Candidate Election Committee |
| | | 2. Type of Statement: | Complete Parts 1, 2, 3, and 4. | All Committees - Com | 1. Type of Recipient Committee: A |
| Ø | IMPERIAL COUNTY REGISTRAR OF VOTERS | June 3, 2014 | through 3/17/14 | | SEE INSTRUCTIONS ON REVERSE |
| For Official Use Only | MAR 3 1 2014 | Date of election if applicable: (Month, Day, Year) | Statement covers period 1/1/14 | | (Observations of the control of the |
| IFORNIA 46 | Date Stamp RECEIVED | ınk. | Type or print in ınk. | | Recipien Jommittee Campaign Statement Cover Page |

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

| 5. Officeholder or Candidate Controlled Committee | | 6. Primarily Formed Ballot | rmed Ballot Measure Committee | nittee | |
|---|---|--|---|---|-----------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | | NAME OF BALLOT MEASURE | | | |
| Wally Leimgruber OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | NUMBER IF APPLICABLE) | BALLOT NO. OR LETTER | JURISDICTION | 2 % | SUPPORT |
| Imperial County Supervisor District 5 | | | | | |
| SADDRESS (NO. AND STRE | A STATE ZIP | Identify the controlling officeholder, candidate, or state measure proponent, if any. | holder, candidate | , or state measure pro | ponent, if any. |
| 1/20 I DMINING RO | | NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | ATE, OR PROPONE | NT | |
| 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. | ement: List any committees are primarily formed to receive idacy. | OFFICE SOUGHT OR HELD | | DISTRICT NO. IF ANY | ANY |
| COMMITTEE NAME | I.D. NUMBER | | | | |
| 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. | late/Officehold | or candidate/Officeholder Committee List not candidate(s) for which this committee is primarily formed. | names of |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | | NAME OF OFFICEHOLDER OR CANDIDATE | | OFFICE SOUGHT OR HELD | SUPPORT OPPOSE |
| CITY STATE ZIP CODE | DE ARÉA CODE/PHONE | NAME OF OFFICEHOLDER OR CANDIDATE | | OFFICE SOUGHT OR HELD | SUPPORT OPPOSE |
| COMMITTEE NAME | I.D. NUMBER | NAME OF OFFICEHOLDER OR CANDIDATE | | OFFICE SOUGHT OR HELD | SUPPORT OPPOSE |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | NAME OF OFFICEHOLDER OR CANDIDATE | | OFFICE SOUGHT OR HELD | SUPPORT OPPOSE |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | Š | | | | |
| CITY STATE ZIP CODE | DE AREA CODE/PHONE | Attach | Attach continuation sheets if necessary | ets if necessary | |

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SUMMARY PAGE

| | Amounts may be rounded to whole dollars. Column A | | Statement covers period 1/1/14 m | CALIFORNIA 4.60 1/1/14 Page 3 of 1/b 1.D. NUMBER 1363114 Calendar Year Summary for Candidates Calendar Form the State Primary and |
|--|--|---|--|---|
| Contributions Received 1. Monetary Contributions | Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES) \$ 11566.00 \$ 205.00 \$ 11771.00 \$ \$ 11771.00 \$ | Column B CALENDAR YEAR TOTALTO DATE 11566.00 205.00 11771.00 0 11771.00 | Calendar Year Summ Running in Both the General Elections 1/1 thro 20. Contributions Received \$ | the State Primary and s 1/1 through 6/30 7/1 to Date 3 \$ |
| Expenditures Made Schedule E, Line 4 6. Payments Made Schedule E, Line 3 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 10,309.12 \$ 0.00 \$ \$ 10309.12 \$ | 10,309.12 0.00 10,309.12 | Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$ | iture Limit Summary for State ates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) of Election Total to Date nm/dd/yy) \$ |
| Current Cash Statement 12. Beginning Cash Balance | \$ 0.00 To 11771.00 am from 10,309.12 Co 11,461.88 figures the | 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 | *Amounts in this section n reported in Column B. | \$ |
| LOAN GUARANTEES RECEIVED Sh Equivalents and Outstal Cash Equivalents | \$ 205.00 for the form any). | for this calendar year, only for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). | | FPPC Form 460 (January/05 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | 6 | | FPPC Toll-Free Helpli | FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) |

Mone Schedule A

Type or print in ink.
Amounts may be rounded

SCHEDULE A

| Monetary C | Monetary Contributions Received | 6 | to whole dollars. | from1/1/14 | | FORM 460 |
|---------------------|--|-----------------------|--|-----------------------------------|---|---|
| | | | | gh | 3/17/14 | Page 4 # of 7/0 |
| NAME OF FILER | S ON REVERSE | | | | | I.D. NUMBER |
| Marjorie Leimgruber | imgruber | | | | | 1363114 |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSOENTER LD. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | ATE PER ELECTION (R TO DATE (IF REQUIRED) |
| 01/20/14 | Ernie Leimgruber 2020 Connelly Rd Holtville, CA 92250 | □ COM □ SCC | Farming | 250.00 | | |
| 01/21/2014 | Steve Chi 1160 Seneca Place Diamond Bar, CA 91765 | □ SCC | Retired | 1000.00 | | |
| 01/28/2014 | Ron Pratte 4400 W. Earhart Way Chandler, AZ 85226 | OTH SCC | Retired | 5000.00 | | |
| 01/31/2014 | Charles Hosken 1996 Chambers Ln. Holtville, CA 92250 | □ SCC | Solar Developer | 350.00 | | |
| 02/14/2014 | Victor Rombaut 1404Kamm Rd. Holtville, CA 92250 | DOTH SCC | Farming | 995.00 | | |
| | | | SUBTOTAL\$ | 10,895.00 | | 2 |
| | | | | | icha). | *Contributor Codos |

Schedule A Summary

| N | | |
|---|-------------------------------------|--|
| 2. Amount received this period - unitemized monetary contributions of less than \$100\$100 states and the second states are second states are second states and the second states are second stat | (Include all Schedule A subtotals.) | Amount received this period – itemized monetary contributions. |

10,895.00 521.00

()

11,416.00

Total monetary contributions received this period.

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(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$

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

Monetary Contributions Received Schedule A (Continuation Sheet)

NAME OF FILER

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

Statement covers period 1/1/14 3/17/14 CALIFORNIA FORM Page I.D. NUMBER SCHEDULE A (CONT.) . 약

1363114

through

| Marjorie Leimgruber DATE RECEIVED Steve 02/14/2014 Steve 4897 L Brawle 02/12/2014 D2/16/2014 C2/16/2014 Rick T 02/16/2014 Brawle Brawle | Preece Oveland Rd. Press LLC /erde School Rd. e, CA 92250 aylor est K St CA 92227 | CONTRIBUTOR CODE * CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Land Surveyor Hay Press Company Land-Leveling | | AMOUNT RECEIVED THIS PERIOD 100.00 1000.00 | AMOUNT CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 100.00 250.00 |
|--|---|--|--|----------|--|--|
| 02/14/2014 | Steve Preece 4897 Loveland Rd. Brawley, CA 92227 | DOTH SCC | Land Surveyor | 100.00 | | |
| 02/12/2014 | Triple I Press LLC 2001 Verde School Rd. Holtville, CA 92250 | DOTH SCC | Hay Press Company | 1000.00 | | |
| 02/16/2014 | Rick Taylor 286 West K St Brawley, CA 92227 | ZIND COM DOTH SCC | Land-Leveling | 250.00 | | |
| 02/19/2014 | Matthew Leimgruber 1221 Vencill Rd. Holtville, CA 92250 | OSCC SCC | IID employee | 250.00 | | |
| 02/26/2014 | Frank Van Der Linden 1955 Parobi Drive Holtville, CA 92250 | □ SCC | Farming | 100.00 | | |
| | | | \$ SUBTOTAL | 1,600.00 | | |

ND-Individual

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded

Statement covers period

SCHEDULE A (CONT.)

| Wonetary | Monetary Contributions Neceived | to whole dollars. | ollars. | from | 4 | FORM 460 |
|-----------------------------------|---|---------------------------|--|-----------------------------------|---|---|
| NAME OF FILER Marjorie Leimgruber | mgruber | | And the second s | | 1.D. NUMBER 1363114 | NBER 14 |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ÉLECTION TODATE (IF REQUIRED) |
| 03/10/2014 | Alan Bornt 2307 E. Hwy. 98 Holtville, CA 92250 | ZIND COM OTH SCC | Farming | 500.00 | | |
| 03/11/2014 | Jim Preece 246 E. Dealwood Rd. El Centro, CA 92243 | Dind OTH SCC | Farming | 250.00 | | |
| 03/11/2014 | Sam Hilfiker PO Box 243 Holtville, CA 92250 | OTH SCC | Farming | 1000.00 | | |
| | | OSCC | | | | |
| | | OSCC OSC | | | | |
| | | | SUBTOTAL\$ | \$ 1,750.00 | | |

L N 2 ... 014

Type or print in ink.

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| ocnequie 5 - Part 1 | Am | Amounts may be rounded | unded | | Statement covers period | ers period | CALIFORNIA | ^ 460 |
|--|--|---|---------------------------------|---|---|--------------------------------------|-------------------------------|--|
| Loans Received | | | : | | from | 1 | FORM | |
| REF INSTRIPTIONS ON REVERSE | | | | \$ | through 3/ | 3/17/14 | Page 78 | of 10 |
| NAME OF FILER | | | | | | | I.D. NUMBER | |
| Marjorie Leimgruber | | | | | | | 1363114 | |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD * | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | CUMULATIVE CONTRIBUTIONS TO DATE |
| Walter J. Leimgruber | Land-Use Consulting | | | PAID | | | | CALENDAR YEAR |
| 1725 Towland Rd. Holtville, CA 92250 | | | | \$ | co. | RATE % | 5 | PER ELECTION*** |
| | | 5 | \$ 205.00 | | | | | |
| TIZI ND COM COTH CPTY CSCC | | | | | DATE DOG | | CATE INCORRED | |
| | | | | PAID | | | | CALENDAR YEAR |
| | | | | \$ | \$ | RATE % | 5 | PER ELECTION ** |
| T□ IND □ COM □ OTH □ PTY □ SCC | | * | S | 5 | DATE DUE | 5 | DATE INCURRED | 5 |
| | | | | PAID | | | | CALENDAR YEAR |
| | | | | S FORGIVEN | \$ | RATE % | S | PER ELECTION ** |
| TO UND COM COTH C PTY SCC | | | | | DATEDUE | ĺ | DATE INCURRED | 5 |
| | | SUBTOTALS \$ | 205.00 \$ | | -cn | € | | |
| Schedule B Summary | | | | | | (Enter (e) on Schedule E, Line 3) | | |
| 1. Loans received this period | | | | 69 | 205.00 | 3) | | |
| (Total Column (b) plus uniternized loans of less than \$100.) | of less than \$100.) | | | | | | †Contributor Codes | |

Loans paid or forgiven this period\$

N

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

(Include loans paid by a third party that are also itemized on Schedule A.)

(Total Column (c) plus loans under \$100 paid or forgiven.)

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

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

0

(May be a negative number)

205.00

Payments Made Schedule E

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

| | | through | from | Statement c |
|---------|-------------|-----------|--------|-------------------------|
| | | 3/17/14 | 1/1/14 | Statement covers period |
| 1363114 | I.D. NUMBER | Page 8 of | FORM | CALIFORNIA |

10

Marjorie Leimgruber

| CODES: If one of the following codes accurately describes the payment, you may enter the code. MBR member communications | u may ente | | erwise, de RAD ı | Otherwise, describe the payment. RAD radio airtime and production costs | |
|--|---|--|---------------------|--|--------------------------------|
| campaign consultants Contribution (explain nonmonetary)* Civic donations Candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense Campaign literature and mailings MTG OFC PET Candidate filing/ballot fees PHO fundraising events PHO FOL PRO PRO CAMPAGE PRO PRO PRT | meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting) print ads | meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads | WEB TO SEE | returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail) | ne candidate/sponsor -mail) |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | | ESCRIPTION | DESCRIPTION OF PAYMENT | AMOUNT PAID |
| Imperial Printers 430 Main St. El Centro, CA 92243 | 듬 | Check | | | 3,927.52 |
| Staples 560 E. Danenberg Drive El Centro, CA 92243 | OFC | Check | | | 159.78 |
| Holtville Athletic Club Zenos Rd Holtville, CA 92250 | TRC | Check | | | 180.00 |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | arized on Sc | hedule D. | | \$UBTOTAL\$ | 4267.30 |

Schedule E Summary

| 1. Itemized payments made this period. (Include all Schedule E subtotals.)\$ | |
|--|--|
| | |
| | |
| | |
| 69 | |

10,309.12

0.00

0.00

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).)......(e).) 10,309.12

TOTAL \$

Payments Made Schedule d (Continuation Sheet)

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

from Statement covers period 1/1/14

CALIFORNIA Page _ FORM 으 0

3/17/14

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marjorie Leimgruber through 1363114 .D. NUMBER

payment, you may enter the code. Otherwise,

describe the payment

CODES: If one of the following codes accurately describes the

두면 및 모든 SBS 등 940 W. Main St Brawley, CA 92227 Brawley, CA 92227 410 S Cesar Chavez El Centro CA 92243 Gerald Gauna Hidalgo Club Calexico, CA 922232 PO Box 948 Calexico Chamber of Commerce UPS.Com **US Postal Service** Imperial County Elections Department 1110 Magnolia St. campaign consultants campaign paraphernalia/misc civic donations contribution (explain nonmonetary)** candidate filing/ballot fees campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain)* undraising events NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RESPECTATION OF THE PROPERTY O member communications office expenses meetings and appearances polling and survey research petition circulating print ads professional services (legal, accounting) postage, delivery and messenger services phone banks CODE MTG POS SAL TRC 끝 S **∠ISA** Check Check Check **DESCRIPTION OF PAYMENT** SA PA 경련 voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals campaign workers' salaries returned contributions radio airtime and production costs information technology costs (internet, e-mail) candidate travel, lodging, and meals t.v. or cable airtime and production costs SUBTOTAL \$ AMOUNT PAID 2,438.70 2,500.00 733.12 120.00 50.00

5,841.82

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

Payments Schedul _ = (Continual

Type or print in ink.

ULE E (CONT.)

| (Continuation Choot) Amounts may be rounded | Statement covers period | CALIFORNIA A CO |
|---|-----------------------------|-----------------|
| | from1/1/14 | FORM 400 |
| ORE INCIDIO ON DELVEDOE | 3/17/14 | Page 10 of 10 |
| NAME OF FILER | | I.D. NUMBER |
| Marjorie Leimgruber | | 1363114 |
| CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. | wise, describe the payment. | |

| 200.00 | \$UBTOTAL \$ | le D. | nmarized on Schedul | * Payments that are contributions or independent expenditures must also be summarized on Schedule D |
|---------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 200.00 | | C Check | TRC | Imperial County GOP 1484 S Imperial Av. El Centro, CA 992243 |
| AMOUNT PAID | DESCRIPTION OF PAYMENT | OR | CODE | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER 1.D. NUMBER) |
| ne candidate/sponso | RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponso VOT voter registration WEB information technology costs (internet, e-mail) | member communications meetings and appearances office expenses petition circulating phone banks pholling and survey research postage, delivery and messenger services porfessional services (legal, accounting) print ads | member communications meetings and appearances office expenses petition circulating phone banks pholing and survey research postage, delivery and messenger service 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 fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings MBR MTG OFC OFC OFC PET PHO PHO PHO PRO PRO PRO PRO PRO PRO PRO PRO PRO PR |

SEE INSTRUCTIONS ON REVERSE Cover Page (Government Code Sections 84200-84216.5) Campaign Statement Recipient Committee Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Committee Information OPTIONAL: FAX / E-MAIL ADDRESS CITY STREET ADDRESS (NO P.O. BOX) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX Holtville 1725 Towland Rd. Leimgruber for Supervisor 2014 Officeholder, Candidate Controlled Committee General Purpose Committee State Candidate Election Committee
 Recall (Also Complete Part 5) Political Party/Central Committee Small Contributor Committee Sponsored STATE S STATE 92250 ZIP CODE ZIP CODE I.D. NUMBER Primarily Formed Candidate/ Primarily Formed Ballot Measure Officeholder Committee Controlled (Also Complete Part 7) (Also Complete Part 6) Sponsored Committee 1363114 from through Statement covers period 760-356-2639 AREA CODE/PHONE AREA CODE/PHONE 5/17/14 3/18/14 Type or print in ink. Date of election if applicable: 'n VT10 OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS NAME OF ASSISTANT TREASURER, IF ANY None MAILING ADDRESS NAME OF TREASURER Holtville 1725 Towland Rd Marjorie Leimgrubei Treasurer(s) Type of Statement: Preelection Statement (Month, Day, Year) June 3, 2014 Amendment (Explain below) Semi-annual Statement Termination Statement (Also file a Form 410 Termination) 1 REGISTRAR OF VOTERS IMPERIAL COUNTY MAY 20 2014 RECEIVED Date Stamp STATE STATE S 92250 ZIP CODE ZIP CODE Supplemental Preelection Special Odd-Year Report Quarterly Statement Statement - Attach Form 495 Page __ CALIFORNIA FORM For Official Use Only 760-356-2639 AREA CODE/PHONE AREA CODE/PHONE 으 460 **OVER PAGE** 14

. Verification

wallyleimgruber@sbcglobal.net

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

| Executed on | Executed on | 05/20/2014 Date | 05/20/2014 Date |
|--|---|---|--|
| By Signature of Controlling Officeholder, Candidate, State Measure Proponent EPPC Form 450 | BySignature of Controlling Officeholder, Candidate. State Measure Proponent | By Signature of Controlling Officeholdey Candidale, State Measure Proponent or Responsible Officer of Sponsor | By Manifold Teampulers of Teaching of Teac |

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| | | C D.: | |
|--|--|--|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | | NAME OF BALLOT MEASURE | |
| Wally Leimgruber | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | T NUMBER IF APPLICABLE) | BALLOT NO. OR LETTER | JURISDICTION |
| Imperial County Supervisor District 5 | | | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | CITY STATE ZIP | Identify the controlling office | older candidate or |
| 1725 Towland Rd Holtville | CA 92250 | NAME OF OFFICEHOLDER CANDIDATE OR PROPONENT | ATE OR PROPONENT |
| Bolisted Committees Not Included in this St | tomont: list any committees | ואלאשב טי טירוניבחטרטבע, טעועטוני | אַמּ, פֿאַ דאָפֿדיפּאָני |
| 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. | rentall. List any commutees or are primarily formed to receive didacy. | OFFICE SOUGHT OR HELD | |
| CONMITTEE NAME | I.D. NUMBER | | |
| | | 7. Primarily Formed Candidate/Officeholder Committee List names of | ate/Officeholder (|
| NAME OF TREASURER | CONTROLLED COMMITTEE? | | which this committee |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | 35 | NAME OF OFFICEHOLDER OR CANDIDATE | DIDATE OFFICE SOUGHT OR HELD |
| CITY STATE ZIP | ZIP CODE AREA CODE/PHONE | NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| COMMITTEE NAME | I.D. NUMBER | NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | NAME OF OFFICEHOLDER OR CANDIDATE | DIDATE OFFICE SOUGHT OR HELD |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) | OX) | | |
| STATE | | | |
| CITY STATE ZIP | ZIP CODE AREA CODE/PHONE | Attach | Attach continuation sheets if necessary |

Campaign Disclosure Statement Summary Page

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

Statement covers period CALIFORNIA 460

| • | | from _ | 3/18/14 | FORM |
|---|---|---|--|--|
| SEE INSTRUCTIONS ON REVERSE | | through | h 5/17/14 | Page 3 of 14 |
| NAME OF FILER Marjorie Leimgruber | | | | 1.b. NUMBER 1363114 |
| Contributions Received | COLUMN A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTALTO DATE | Calendar Year Sum Running in Both the | Calendar Year Summary for Candidates Running in Both the State Primary and |
| 1. Monetary Contributions Schedule A, Line 3 \$ 2. Loans Received Schedule B, Line 3 | 13,072.98 6500.00 | \$ 25,038.98 6,705.00 | General Elections | ns 1/1 through 6/30 7/1 to Date |
| SUBTOTAL CASH CONTRIBUTIONS | 19,572.98 none | \$ 31,743.98 none | 20. Contributions Received \$ | ₩ |
| TOTAL CONTRIBUTIONS RECEIVED | 19,572.98 | \$ 31,743.98 | 21. Expenditures Made \$ | \$ |
| Expenditures Made 6. Payments Made Schedule E, Line 4 \$ | 18,214.98 | \$ 28,524.10 | Expenditure Limit Summary for State Candidates | Summary for State |
| 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ | enon | # Hone | 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 | | | Date of Election (mm/dd/yy) | Total to Date |
| 11. TOTAL EXPENDITURES MADE | 18,214.98 | \$ 29,161.56 | | ₩ |
| Current Cash Statement 12 Regioning Cash Balance 13 Regioning Cash Balance 14 Regioning Cash Balance 15 Regioning Cash Balance 16 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 1,461.88 | | | € 9 |
| Column A, Line 3 above | 21,034.86 | amounts in Column 8, add | | |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 18,214.98 | | | reported in Column B. |
| ENDING CASHBALANCE Add Lines 12 + 13 + | 2,809.48 | figures that should be subtracted from previous | | |
| If this is a termination statement, Line 16 must be zero. | | period amounts. If this is the first report being filed | | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ | 6.705.00 | for this calendar year, only carry over the amounts | | |
| sh Equivalents and Outstanding Debts | | from Lines 2, 7, and 9 (if any). | | |
| 18. Cash Equivalents See instructions on reverse \$ | | | | |
| 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) |

Monetary Contributions Received Schedule A

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars. from through Statement covers period 3/18/14 5/17/14 1363114 I.D. NUMBER CALIFORNIA 460 Page __ 4 약 SCHEDULE A 14

| Marjorie Leimgruber | imgruber | | | | 1303114 | 114 |
|---------------------|--|--------------------------------------|--|-----------------------------------|---|------------------------------------|
| 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) |
| 3/22/2014 | Amy Chi 2 Sugarcane Ln. Ladera Ranch, CA 92694 | ZIND COM OTH PTY SCC | stay at home mother | 250.00 | | |
| 3/27/2014 | Mary Bornt 2307 E. Hwy 98 Holtville, CA 92250 | □ COM □ OTH □ PTY SCC | Book Keeping Service | 500.00 | | |
| 03/28/2014 | Harry Nelson 2305 E. Hoyt Rd. Holtville, CA 92250 | □COM □COM □PTY □SCC | Retired | 100.00 | | |
| 04/16/2014 | Larry Bratton 556 Sandalwood Dr. El Centro, CA 92243 | □ ND □ COM □ PTY □ SCC | Business | 100.00 | | |
| 04/15/2014 | Wanda L. Layton 2295 Hartshorn Rd. Holtville, CA 92250 | ©IND □COM □OTH □PTY □SCC | Homemaker | 100.00 | | |
| | | | \$TVLOLBINS | \$1,050.00 | | |

Schedule A Summary

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

13,072.98

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

12,600.00 472.98

Monetary Contributions Received Schedule A (Continuation Sheet)

NAME OF FILER

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

| anomal district in the second | | r print in ink. may be rounded ole dollars. |
|-------------------------------|-----------------|---|
| | through 5/17/14 | Statement covers period from 3/18/14 |
| 1363114 | Page 5 of 14 | CALIFORNIA 460 |

| Marjorie Leimgruber | mgruber | | | | 1363114 | 114 |
|---------------------|--|----------------------------|--|-----------------------------------|---|--|
| 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) |
| 4/21/2014 | Ronald C. Leimgruber 646 Olive Av. Holtville, CA 92250 | SCC SCC | Farming | \$9,000.00 | | |
| 04/21/2014 | Jacques Istel 1 Center of the World Plaza Felicity, CA 92283 | ZIND COM DOTH SCC | Retired | \$300.00 | | |
| 04/23/2014 | Republican Central Committee 2307 E. Hwy. 98 Holtville, CA 92250 | DOTH SCC | GOP | \$500.00 | | |
| 4/30//2014 | Havens & Sons Trucking 603 E. Main St. El Centro, CA 92243 | DIND COM | Trucking Company | \$1,000.00 | | |
| 05/01/2014 | Vic's 92250 Air Conditioning 317 E. 5th Street Holtville, CA | DOTH SCC | Air Conditioning Co. | \$500.00 | | |
| | | | \$ SUBTOTAL | \$11,300.00 | | |

*Contributor Codes

IND – Individual

COM – Recipient Committee
(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

| Monetary | Monetary Contributions Received | Amounts may be rounded to whole dollars. | be rounded lollars. | Statement covers period 3/18/14 | SSA - N | CALIFORNIA 460 |
|---------------------|---|--|--|-----------------------------------|---|---|
| | | | | gh | 5/17/14 F | Page 6 of 14 |
| NAME OF FILER | | | | | | I.D. NUMBER |
| Marjorie Leimgruber | imgruber | | | | | 1363114 |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | ATE PER ELECTION R TO DATE 1) (IF REQUIRED) |
| 05/01/2014 | Cheryl Turner 966 Maple Ave. Holtville, CA 92250 | ZIND □COM □OTH □PTY □SCC | Imperial County | \$250.00 | | |
| | | DOTH SCC | | | | |
| | | □□COM □□OTH □□SCC | | | | |
| | | □□NO □□OTH □□SCC | | | | |
| | | OSCC OSC | | | | |
| | | | \$ SUBTOTAL | \$250.00 | | |

*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

| | | Type or print in ink. | nk. |] | • | | SCHE | SCHEDULE 8 - PART 1 |
|---|--|---|---------------------------------|--|---|--|---|---|
| Loans Received | Amo | Amounts may be rounded to whole dollars. | unded s. | | Statement covers period 3/18/14 | 3/18/14 | CALIFORNIA FORM | 460 |
| SEE INSTRUCTIONS ON REVERSE | | | | = | ngh | 5/17/14 | Page 7 | of 14 |
| VAME OF FILER | | | | | | | I.D. NUMBER | es; |
| Marjorie Leimgruber | | | | | | | 1363114 | 5. |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTERID. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
| Walter J. Leimgruber 1725 Towland Rd. Holtville, CA 92250 | Farming | | | S PAID \$ 6705.00 | -0 | -0- RATE | , 6705.00 | CALENDAR YEAR \$ 6705.00 PER ELECTION** |
| [†] ☑ IND □ COM □ OTH □ PTY □ SCC | | \$ 6705.00 | 6,500.00 | | DATE DUE | \$ | DATE INCURRED | |
| | | | | PAID S FORGIVEN | S | RATE | \$ | CALENDAR YEAR S PER ELECTION ** |
| T□ IND □ COM □ OTH □ PTY □ SCC | | 6 | | | DATE DUE | 5 | DATE INCURRED | \$ |
| | | - | | □ PAID | | | | CALENDAR YEAR |
| | | | | S FORGIVEN | | RATE % | | PER ELECTION*** |
| [†] □ IND □ COM □ OTH □ PTY □ SCC | | ÇA . | S | S | DATE DUE | φ | DATE INCURRED | |
| | | SUBTOTALS \$ | 6,500.00 \$ | 6,705.00 \$ | -0- | \$ -0- | | |
| Schedule B Summary | | | | | : | (Enter (e) on Schedule E, Line 3) | | |
| 1. Loans received this period | | | | € 5 | 6500.00 |] | | |
| (lotal Column (b) plus uniterrized loans of less trian a root.) | oriess man a roor) | | | ⇔ | 6705.00 | | TContributor Codes IND – Individual | |
| | paid or forgiven.) are also itemized on Sched | ule A.) | | | | 99 8 | OCM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) | Imittee TY or SCC) usiness entity) |
| Net change this period. (Subtract Line 2 from Line 1.) | 2 from Line 1.) | | | NET \$ | (205.00) (May be a negative number) | scc- | C-Small Contributor Committee | tor Committee |
| | 1 0g0, 00mm 4 mm 1. | | | | | | | |

Schedule B – Part 2 Loan Guarantors

| 1363 | through 5/17/14 Page | Type or print in lnk. Amounts may be rounded to whole dollars. Statement covers period CALI |
|-------------|----------------------|---|
| 1.D. NUMBER | /14 Page 8 of 14 | SCHEDULEB-PARTS CALIFORNIA 460 |

| SEE INSTRUCTIONS ON REVERSE | | | | through | 0/ 1/ 14 | Page O | 2 - |
|--|---------------------|--|--------|-------------|-------------------------------------|--------------------------|--|
| NAME OF FILER | | | | | | I.D. NUMBER | |
| Marjorie Leimgruber | | | | | | 1363114 | |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
| | DIND | | LENDER | | | CALENDAR YEAR | |
| | СОМ | | | | None | \$ | |
| | Потн | | DATE | | | PER ELECTION | |
| | □PTY | | | | | (ויי אמנים מאמנים) | |
| | □scc | | | | | 5 | |
| |] | | | | | CALENDAR YEAR | |
| | | | ENOER | | | A | |
| | | | | | | DER ELECTION | |
| | | | DATE | | | (IF REQUIRED) | |
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| | | | | | | CALENDAR YEAR | |
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| | Yra 🗆 | | E COL | | | 3 | |
| The state of the s | Lacc | | | | | \$ | |
| | D No. | | LENDER | | | CALENDAR YEAR | |
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| | □ OTH | | DATE | | | (IF REQUIRED) | |
| | C) SS | | | | | 5 | |
| | | | | | | \$ | |
| | | | SUBT | SUBTOTAL \$ | -0- | Enter on Summary Page | |
| | | | | | | 200 | The second secon |

Schedule C

Type or print in ink.

Amounts may be rounded

| Schedule | | Amounts may be rounded |] | | | SCHEDULE C |
|---|---------------------------------------|--|-------------------------------------|--|---|--|
| Nonmonetary Contributions Received | | to whole dollars. | # | Statement covers period 3/18/14 from 3/18/14 | 112.009 | CALIFORNIA 460 |
| SEE INSTRUCTIONS ON REVERSE | | | = | through 5/17/14 | Page | 9 of 14 |
| NAME OF FILER | | | | | I.D. NUMBER | ת |
| Marjorie Leimgruber | | | | | 1363114 | +- |
| DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
| | OTH SCC | | None | -0- | Ģ | |
| | OSCC | | | | | |
| | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | | | | | |
| | OTH SCC | | | | | |
| Attach additional information on appropriately labeled continuation sheets | ed continuati | ion sheets. | \$UBTOTAL \$ | -0- | 6.5 | $I_{\rm RF}$ |

Schedule C Summary

| (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) | 3. Total nonmonetary contributions received this period. SCC – Small Contribu | 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ | (Include all Schedule C subtotals.)\$ COMRecipient Co | 1. Amount received this period – itemized nonmonetary contributions. | |
|--|--|--|---|--|--|
| | SCC - Small Contributor Committee | OTH - Other (e.g., business entity) | COM Recipient Committee | VD – Individual | |

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and C

Type or print in ink.

Amounts may be rounded

Statement covers period CALIFORNIA

SCHEDULED

| | | -0- | \$ SUBTOTAL | | | |
|--|---|----------------------------|------------------------------|----------------------------|---|-----------------------------|
| | | | | . – | ☐ Support ☐ Oppose | |
| | | | | Contribution | | |
| | | | | | | **** |
| | | | | | Support Doppose | |
| | | | | ☐ Independent | | ı |
| | | | | ☐ Nonmonetary Contribution | | |
| | | | | ☐ Monetary Contribution | | |
| | | | |] " | Support Dppose | |
| | | | | Nonmonetary Contribution | | |
| | | | | Monetary Contribution | | |
| PER ELECTION TO DATE (IF REQUIRED) | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | AMOUNT THIS CU PERIOD C | DESCRIPTION (IF REQUIRED) | TYPE OF PAYMENT | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | DATE |
| 14 | 1363114 | | | | ngruber | Marjorie Leimgruber |
| | ID NIMBER | | | | | NAME OF FILER |
| 10 of 14 | Page | through 5/17/14 | | | S ON REVERSE | SEE INSTRUCTIONS ON REVERSE |
| FORM 460 | FORM | from3/18/14 | | to whole dollars. | Candidates, Measures and Committees | Candidates |

| ω | Й | : |
|---|---|--|
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on | 2. Unitemized contributions and independent expenditures made this period of under \$100\$. | 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals |
| | es made this period of under \$100 | made this period. (Include all Schedule D subtotals.) |
| the Summary Page.) TOTAL \$ | ₩ | ·) |
| -0- | -0- | -0- |

Supporting/Oppor Schedule D (Continuation She Summary of Expe •

NAME OF FILER

| Continuation Sneet) | Type or print in ink. Amounts may be rounded | Statement Course posice | SCHEDULE D (CONT. |
|-------------------------------------|--|-------------------------|-------------------|
| Supporting/Opposing Other | to whole dollars. | from 3/18/14 | FORM 460 |
| Jandidates, Weasures and Committees | | through 5/17/14 | Page 11 of 14 |
| AMEOFFILER | | | I.D. NUMBER |
| Marjorie Leimgruber | | | 1363114 |

| | | | | | DATE |
|-------------|---|--|--|--|---|
| | Support | Support | □ Support | □ Support | NAME OF CANDIDATE, OMEASURE NUMBER OR LOOR CO |
| | ☐ Oppose | Oppose | Oppose | Oppose | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE |
| | Contribution Contribution Nonmonetary Contribution Independent Expenditure | Contribution Contribution Nonmonetary Contribution Independent Expenditure | ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure | ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure | TYPE OF PAYMENT |
| \$ subtotal | | | | Nane | DESCRIPTION (IF REQUIRED) |
| -0- | | | | | AMOUNT THIS PERIOD |
| | | | | | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) |
| | | | | | PER ELECTION TO DATE (IF REQUIRED) |

Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Marjorie Leimgruber

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

Statement covers period 3/18/14 5/17/14 CALIFORNIA , Page ... I.D. NUMBER 12 으 460 14

1363114

from

through

| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | 2. Unitemized payments made this period of under \$100 | 1. Itemized payments made this period. (Include all Schedule E subtotals.) | Schedule E Summary | * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | Staples 560 E. Danenberg Drive El Centro, CA 92243 | American Citizens Club Brawley, CA 92227 | Imperial Printers 430 Main St. El Centro, CA | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment CMP campaign paraphernalia/misc. CNS campaign consultants CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events NND independent expenditure supporting/opposing others (explain)* FND independent expenditure supporting/opposing others (explain)* COEST MER member communications MFR member communications OFC office expenses FET petition circulating PHO phone banks FOL polling and survey research FNO professional services (legal, accounting) FNO print ads COEST MER TRO candidate the code. Otherwise, describe the payment product of reductions RAD radio airtime and product of returned contributions SAL campaign workers' salar tv. or cable airtime and product of returned contributions FNO phone banks FNO polling and survey research FNO professional services (legal, accounting) VOT voter registration VOT voter registration technology of the reduction technology of the reductions FNO professional services (legal, accounting) |
|--|--|--|--|--------------------|--|--|---|--|--|---|
| er here and on the Summary Page, Colum | chedule B, Part 1, Column (e).) | | subtotals.) | | st also be summarized on Schedule D. | OFC Check | TRC | LIT | CODE OR | the payment, you may enter the code. C MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads |
| nn A, Line 6.) TOTAL \$ | 6 | 9 | & | | SUBTOTAL\$ | | | | DESCRIPTION OF PAYMENT | Otherwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail) |
| 11,507.88 | -0- | | 11,507.88 | | 2932.00 | 186.00 | 100.00 | \$2,646.00 | AMOUNT PAID | s me candidate/sponsor >-mail) |

Schedule E Payments Made (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Marjorie Leimgruber

FESSPESSS

Amounts may be rounded Type or print in ink.

to whole dollars.

Statement covers period

through 3/18/14 5/17/14

from

CALIFORNIA FORM SCHEDULE E (CONT.

1363114 I.D. NUMBER

Page __

3

4

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* Payments that are contributions or independent expenditures must also be summarized on Schedule D. CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, El Centro, CA 92243 El Centro, CA 92243 Imperial Printers El Centro, CA 92243 430 Main St Imperial Printers Yuma, AZ 85365 PO Box 1227 Lamar Billboard Holtville, CA 92250 Post Master civic donations campaign paraphernalia/misc. campaign literature and mailings candidate filing/ballot fees independent expenditure supporting/opposing others (explain) tundraising events contribution (explain nonmonetary)* campaign consultants legal defense NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) office expenses member communications professional services (legal, accounting) polling and survey research meetings and appearances postage, delivery and messenger services phone banks petition circulating CODE MBR MBR POS 드 =OR R Check check Check Check Check DESCRIPTION OF PAYMENT information technology costs (internet, e-mail) transfer between committees of the same candidate/sponsor t.v. or cable airtime and production costs returned contributions describe the payment. voter registration staff/spouse travel, lodging, and meals candidate travel, lodging, and meals campaign workers' salaries radio airtime and production costs SUBTOTAL \$ AMOUNT PAID 3300.00 575.00 482.01 370.06 98.00

4825.07

Payme Schedule E (Contin

Type or print in ink.

SCHEDULE E (CONT.)

| (Continuation Sheet) | Amounts may be rounded | Statement covers period | CALIFORNIA |
|--|--|----------------------------------|---------------|
| Payments Made | to whole dollars. | from 3/18/14 | FORM 400 |
| SEE INSTRUCTIONS ON REVERSE | | through5/17/14 | Page 14 of 14 |
| NAME OF FILER | | | I.D. NUMBER |
| Marjorie Leimgruber | | | 1363114 |
| CODES: If one of the following codes accurately describes the payment, you may enter the code. | payment, you may enter the code. Other | Otherwise, describe the payment. | |

| 2270.17 | SUBTOTAL \$ | chedule D. | s must also be summarized on | Payments that are contributions or independent expenditures must also be summarized on Schedule D. |
|---------------------|--|--|------------------------------|---|
| 392.00 | Check | | | Post Office Holtville, CA |
| 100.00 | ATM | TRS A: | | Campaign Meals |
| 500.00 | Check | WEB | | Desert Review PO Box 1236 Brawley, CA 92227 |
| 150.00 | Check | TRC | | American Citizens Club Brawley, CA 92227 |
| 1128.17 | Check | 디 | | Imperial Printers 430 Main St. El Centro, CA 92243 |
| AMOUNT PAID | DESCRIPTION OF PAYMENT | CODE OR | 29 | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LO. NUMBER) |
| s candidate/sponsor | RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals VOT voter registration VEB 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 | PROSPECTOR MER | CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings |

Payments Made Schedule E (Continuation Sheet)

NAME OF FILER

Marjorie Leimgruber

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

from.

through. Statement covers period 3/18/14 5/17/14 CALIFORNIA FORM ' Page _ 14 of. 460 4

SCHEDULE E (CONT.)

1363114

I.D. NUMBER

| | Statement covers period from 05/18/14 | Date of election if applicable: (Month, Day, Year) | JUL 28 2014 | Page | For Official Use Only |
|--|---|---|-------------------------------------|---|---|
| SEE INSTRUCTIONS ON REVERSE | through06/30/14 | November 4, 2014 REC | IMPERIAL COUNTY REGISTRAR OF VOTERS | | Toys |
| nittee: All Committees – (trolled Committee Committee | Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) | 2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) | mination) | Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495 | ment sar Report Preelection ach Form 495 |
| General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee | Primarily Formed Candidate/ Officeholder Committee (Also Complete Parl 7) | | | | |
| 3. Committee Information | I.D. NUMBER 1363114 | Treasurer(s) | | | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Leimgruber for Subervisor 2014 | (2) | NAME OF TREASURER MarjorieLeimgruber | | | |
| | | MAILING ADDRESS 1725 Towland Rd | | | |
| STREET ADDRESS (NO P.O. BOX) 1725 Towland Rd | | Holtville | STATE CA | ZIP CODE 92250 | AREA CODE/PHONE 760-356-2639 |
| CITY STATE ZIP CODE Holtville CA 92250 | 20DE AREA CODE/PHONE 50 760-356-2639 | NAME OF ASSISTANT TREASURER, IF ANY | ER, IF ANY | | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | вох | MAILING ADDRESS | | | |
| CITY STATE ZIP CODE | CODE AREA CODE/PHONE | פודץ | STATE | ZIP CODE | AREA CODE/PHONE |
| ©PTIONAL: FAX / E-MAIL ADDRESS wallyleimgruber@outlook.com | | OPTIONAL: FAX / E-MAIL ADDRESS marjieleim@hotmail.com | 188 188 | | |

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. ?

| By Day Annual Assistant Treasurer By Signature of Controlling Officeholder, Candidate, State Measure Proponent By Signature of Controlling Officeholder, Candidate, State Measure Proponent By Signature of Controlling Officeholder, Candidate, State Measure Proponent | Executed on | Executed onDate | 07/28/2014 Executed on | Executed on07/28/2014 |
|---|---|--|--|--|
| ficer of Sponsor | Signature of Controlling Officeholder, Candidate, State Measure Proponent | By Signature of Controlling Officeholder, Candidate, State Measure Proponent | By A Signator of Controlling Office bolder, Candidate, State Measure Proponent or Responsible Officer of Sponsor | Speaking of Treasurer or Assistant Treasurer |

Campaign Disclosure Statement Summary Page

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

from

Statement covers period 05/18/14

SUMMARYPAGE

| JEE INSTRUCTIONS ON REVERSE | through. | 06/30/14 | Page 3 of 7 1.D. NUMBER 1363114 |
|---|--|---------------------------------------|--|
| Column A | Column B | Calendar Year Sumi | Calendar Year Summary for Candidates |
| Contributions Received TOTAL THIS PERIOD (FROMATIACHED SCHEDULES) | CALENDAR YEAR TOTAL TO DATE | Running in Both the State Primary and | State Primary and |
| 1. Monetary Contributions Schedule A. Line 3 \$0- | \$ 25,038.98 | General Elections | |
| 2. Loans Received Schedule B, Line 3 | 6.705.00 | m 1.4. | 1/1 mrough 6/30 //1 to Date |
| NTRIBUTIONS | \$ 31,743.98 | ons e | 31.743.98 ¢ |
| Sci | none | 21 Expanditures | |
| CEIVED | \$ 31,743.98 | Made \$ | 30,247.35 \$ |
| Expenditures Made | | Evpanditura I imit Summan, for State | imman, for State |
| 3. Payments Made 1,085.79 | \$ 30,247.35 | Candidates | • |
| 7. Loans Made Schedule H, Line 3 | none | 22. Cumulative | Cumulative Expenditures Made* |
| 3. SUBTOTAL CASH PAYMENTS 1,085.79 | С | (# Subject to | (if Subject to Voluntary Expenditure Limit) |
| 3. Accrued Expenses (Unpaid Bills)schedule F, Line 3none_ | none | Date of Election | Total to Date |
| Schedule C, Line 3 | 36 242 35 | (Managery) | |
| II. IO ALEXPENDITORES MADE | 0011 | | €A |
| Current Cash Statement | | | С |
| Balance Previous | To calculate Column B, add | | |
| 13. Cash Receipts Column A, Line 3 above | corresponding amounts | *Amounts in this section m | *Amounts in this section may be different from amounts |
| Colur | report. Some amounts in | reported in Column 5. | |
| Lines 12 + 13 + | | | |
| If this is a termination statement, Line 16 must be zero. | period amounts. If this is | | |
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ | the first report being filed for this calendar year, only carry over the amounts | | |
| Cash Equivalents and Outstanding Debts | from Lines 2, 7, and 9 (if any). | | |
| 18. Cash Equivalents See instructions on reverse \$ | | | |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ none | | 1777) | FPPC Form 460 (January/05) |
| | | FPPC Toll-Free Helplin | FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772) |

Schedule A Monetary Co

Typ Amour

| 100 | |
|------|-----|
| 80 | |
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| monetary Contri | Monetary Contributions Received | to * | to whole dollars. | from 05/18/14 | 05/18/14 | CALIFORNIA FORM | 460 |
|---|---|---|--|-----------------------------------|---|---|--|
| SEE INSTRUCTIONS ON REVERSE | /ERSE | | | through 06 | 06/30/14 | Page 4 | of 7 |
| NAME OF FILER | | | | | | I.D. NUMBER | |
| Marjorie Leimgruber | er | | | | | 1363114 | |
| DATE FULL NAN | 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) |
| | | OND | | | | | |
| | | OPTY SCC | | | | | |
| | | OPTY | | | | | |
| | | OPTY | | | | | |
| | | OPTY SCC | | | | | |
| | | | SUBTOTAL\$ | none | | | |
| Schedule A Summary | mary | | | | *Contri | Contributor Codes | |
| Amount received th (Include all Schedul | Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | | € | none | COM | IND - Individual COM - Recipient Committee Cother than DTV or SCC | Tee e |

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

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

none

þ

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

E S

| lars. | rounded | n ink. |
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| Schedule B - Part 1 | . | Type or print in ink. | nk. | 7 | Ctatament on | 200 | 00.10 | 00000 |
|---|--|---|---------------------------------|--|--|--------------------------------------|---|---|
| Loans Received | Amo | Amounts may be rounded to whole dollars. | undea 3. | = | from05/18/14 | 05/18/14 | CALIFORNI FORM | CALIFORNIA 460 |
| SEE INSTRUCTIONS ON REVERSE | | | | = | through 06 | 06/30/14 | Page 5 | of7 |
| NAME OF FILER | | | | | | | I.D. NUMBER | |
| Marjorie Leimgruber | | | | | | | 1363114 | |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (9) CUMULATIVE CONTRIBUTIONS TO DATE |
| | | | | □ PAID | | | | CALENDARYEAR |
| | | | | | \$ | PATE % | \$ 6705.00 | \$ |
| | | | | FORGIVEN | | Z Sign | | PER ELECTION** |
| TO IND COM OTH PTY Scc | | none | , none | 0- | -0- DATE DUE | -0- | 3/25/14 DATE INCURRED | S |
| | | | | ☐ PAID | | | | CALENDAR YEAR |
| | | | | FORGIVEN | | RATE | | PER ELECTION ** |
| TO IND COM OTH PTY SCC | | 5 | " | | DATEDUE | \$ | DATE INCURRED | 5 |
| | | | | PAID | | | | CALENDAR YEAR |
| | | | | FORGIVEN | 5 | RATE | | PER ELECTION ** |
| TO IND COM COTH PTY Coc | | Š | 55 | | DATE DUE | S | DATE INCURRED | (n) |
| | <i>(</i> 0 | SUBTOTALS \$ | none \$ | none t | \$ none | 40 | | |
| Schedule B Summary | | | | | | (Enter (e) on Schedule E, Line 3) | | |
| Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) | | | | s | none | ਰ | †Contributor Codes | |
| 2. Loans paid or forgiven this period | | | | €9 | none | | IND – Individual COM – Recipient Committee | mittee |
| (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) | baid or forgiven.) are also itemized on Schedu | ıle A.) | | | | P C | (other than PTY or SCC) OTH Other (e.g., business entity) PTY Political Party | TY or SCC) usiness entity) |
| 3. Net change this period. (Subtract Line 2 from Line 1.) | | Line 2. | | NET \$ | NONe (May be a negative number) | Sc | SCC - Small Contributor Committee | Jtor Committee |
| | ago, Colamino 4, Emo e. | | | | | | | |

| | | | | | | SCHEDULEE |
|--|---|--|---|---|---|------------------|
| Schedule E Amounts may be rounded to whole dollars. | t in ink. be rounded ollars. | | State: | Statement covers period 5/18/14 5m 05/30/14 | CALIFORNIA FORM | |
| Name of filer Mariorie Leimoruber | | | | | 1.D. NUMBER | |
| CODES: If one of the following codes accurately describes the payment, you may enter the code. O | u may ente | r the code. Ot | therwise, des | therwise, describe the payment. | | |
| paig paig paig do do lidat rais pen pen pen | member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads | 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 returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail) | costs uction costs meals and meals of the same ca | andidate/sponsor |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CODE OR | R) | DESCRIPTION OF PAYMENT | OF PAYMENT | | AMOUNT PAID |
| Blake Miles Holtville, CA 92250 | POL | Check | : | | | 300.00 |
| Party City Supplies El, Centro, CA 92243 | CMP | VISA Card | | | | 59.79 |
| TOGO's Sandwiches El Centro, CA 92243 | CMP | Check | | | | 70.00 |
| * Payments that are contributions or independent expenditures must also be summ | summarized on Schedule | hedule D. | | SUI | SUBTOTAL\$ | 429.79 |
| Schedule E Summary 1 Itemized payments made this period. (Include all Schedule E subtotals.) | | | | | æ | 1,085.79 |
| 2. Uniternized payments made this period of under \$100 | | | | | \$ | none |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | 1, Column (| e).) | | | 0 \$ \$ | 1,085.79 |
| | | | | | <u> </u> | ., |

Schedule E (Continuation Payments Ma

Type or print in ink.

SCHEWULE E (CONT.)

| TA: e | CIDTOTA | | | | * Date of the transport |
|--|---|--------------|---|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | Check | CNS | | James Anderholt Holtville, CA 92250 |
| | | Check | PRT | | Desert Review PO Box 1236 Brawley, CA 92227 |
| AMOUNT PAID | DESCRIPTION OF PAYMENT | OR DE | CODE C | ER) | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) |
| s in costs als meals the same candidates | Otherwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail) | er the code. | member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads | ribes the page of | CODES: If one of the following codes accurately describes CAP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings |
| 1.D. NUMBER 1363114 | 13 | | | | NAME OF FILER Marjorie Leimgruber |
| Page 7 of _ | through 06/30/14 P | | | | SEE INSTRUCTIONS ON REVERSE |
| CALIFORNIA 460 | Statement covers period C/ from 05/18/14 | | be rounded ollars. | Amounts may be rounded to whole dollars. | (Continuation Sheet) Payments Made |

SEE INSTRUCTIONS ON REVERSE (Government Code Sections 84200-84216.5) Cover Page Campaign Statement Recipient Committee Verification Committee Information Officeholder, Candidate Controlled Committee Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. OPTIONAL: FAX / E-MAIL ADDRESS COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE same WAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX Holtville 1725 Towland Rd STREET ADDRESS (NO P.O. BOX) Leimgruber for Supervisor 2014 General Purpose Committee Small Contributor Committee
 Political Party/Central Committee Sponsored (Also Complete Part 5) O Recall State Candidate Election Committee STATE STATE S 92250 ZIP CODE ZIP CODE 1.D. NUMBER 1363114 Primarily Formed Candidate/ Primarily Formed Ballot Measure Officeholder Committee Sponsored (Also Complete Parl 7) (Also Complete Part 6) Controlled Committee from through Statement covers period 760-356-2639 AREA CODE/PHONE AREA CODE/PHONE 07/01/14 09/30/14 Type or print in lnk. Date of election if applicable: 'n YT10 OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS MAILING ADDRESS NAME OF ASSISTANT TREASURER, IF ANY Holtville Marjorie Leimgruber NAME OF TREASURER Treasurer(s) November 4, 2014 Nonne 1725 Towland Rd Type of Statement: Amendment (Explain below) (Month, Day, Year) Semi-annual Statement Preelection Statement (Also file a Form 410 Termination) Termination Statement REGISTRAR OF VOTERS IMPERIAL COUNTY OCT 0 2 2014 RECEIVED Date Stamp STATE STATE CA 92250 ZIP CODE ZIP CODE Supplemental Preelection Statement - Attach Form 495 Special Odd-Year Report Quarterly Statement Page _ CALIFORNIA FORM For Official Use Only 760-356-2639 AREA CODE/PHONE AREA CODE/PHONE 잌 COVER PAGE

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

| Executed on | Executed on | 10/02/2014 Executed on | 10/02/2014 |
|--|--|---|------------------|
| BySignature of Controlling Officeholder, Candidate, State Measure Proponent F.D. | By Signature of Controlling Officeholder, Candidate, State Measure Proponent | Signature of reasurer or Assylant Treasurer By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor | marke a Semanber |
| | | | |

| Page 2 | CALIFORNIA FORM | COVER |
|--------|--------------------|---------------------|
| of | 460 | COVER PAGE - PART 2 |

| NAME OF TREASURER | | | COMMITTEE NAME | COMMITTEE ADDRESS | NAME OF TREASURER | COMMITTEE NAME | not included in this statement contributions or make expen | Solated Committees N | RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 1725 Towland Rd Ho | OFFICE SOUGHT OR HELD (INCLUDE LOCATION Imperial County Supervisor District 5 | NAME OF OFFICEHOLDER OR CANDIDATE Wally Leimgruber | 5. Officeholder or Candi |
|-------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--|----------------|--|--|---|---|--|--|
| | STREET ADDRESS (NO P.O. BOX) | | STATE ZIP CODE | (NO | COT | Ę, | 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. | Solated Committees Not Included in this Statement: List any committees | ESS (NO. AND STREET) CITY Holtville | OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE Imperial County Supervisor District 5 | CANDIDATE | Officeholder or Candidate Controlled Committee |
| | CONTROLLED COMMITTEE? | | DE AREA CODE/PHONE | | CONTROLLED COMMITTEE? | I.D. NUMBER | primarily formed to receive sy. | ent. List any committees | STATE ZIP CA 92250 | MBER (F APPLICABLE) | | |
| | NAME OF OFFICEHOLDER OR CANDIDATE | 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 | NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | Identify the controlling officeholder, candidate, or state measure proponent, if any. | BALLOT NO. OR LETTER | NAME OF BALLOT MEASURE | 6. Primarily Formed Ballot |
| | | | | | idate/Officeho | | | NDATE, OR PROPO | eholder, candida | JURISDICTION | : : | ed Ballot Measure Committee |
| | OFFICE SOUGHT OR HELD | Ider Committee List | | DISTRICT NO. IF ANY | NENT | ite, or state measure pr | | | nmittee |
| | SUPPORT OPPOSE | SUPPORT | SUPPORT OPPOSE | SUPPORT OPPOSE | names of | | ANY | | oponent, if any. | SUPPORT OPPOSE | | |

Campaign Disclosure Statement

Type or print in ink.
Amounts may be rounded

SUMMARY PAGE

| Summary Page | to whole dollars. | from | 07/01/2014 | FORM 460 |
|--|---|---|---|--|
| SEE INSTRUCTIONS ON REVERSE | | through . | 09/30/2014 | Page 3 of 7 |
| NAME OF FILER Marjorie Leimgruber | | | | I.D. NUMBER 1363114 |
| Contributions Received | Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) | COlumn B CALENDARYEAR TOTALTODATE | Calendar Year Summary for Candidates Running in Both the State Primary and General Elections | nary for Candidates State Primary and |
| 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 | \$ -0- \$ none \$ 3709.00 | \$ 6705.00 \$ 35452.89 none \$ 35452.98 | | 31743.98 \$ 3709.00 30247.35 \$ 4444.69 |
| Expenditures Made Schedule E, Line 4 6. Payments Made Schedule H, Line 3 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 4444.69 none none none none 4444.69 4444.69 | \$ 34692.04 none \$ 34692.04 none none \$ 34692.04 | Expenditure Limit St Candidates 22. Cumulative (it subject to to Date of Election (mm/dd/yy) | iture Limit Summary for State ates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) of Election Inn/dd/yy) \$ |
| Current Cash Statement 12. Beginning Cash Balance | \$ 408.91 3709.00 none 4444.69 \$ 1144.60 | 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 | *Amounts in this section may be different from amounts reported in Column B. | \$y be different from amounts |
| OAN GUARANTEES RECEIVEDsh Equivalents and Outsta Cash Equivalents | none | for this calendar year, only for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). | | |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ none | 2 | FPPC Toll-Free Heipline | FPPC Form 460 (January/05) FPPC Toll-Free Heipline: 856/ASK-FPPC (866/275-3772) |

Monetary Cor Schedule A

Type or print in ink.

| Schedule A | Amounts may be rounded | | | SCHEDULE A |
|---------------------------------|------------------------|-------------------------|----------|----------------|
| Monetary Contributions Received | to whole dollars. | Statement covers period | a Arreja | CALIFORNIA 460 |
| | | from0//01/14 | | FORM |
| SEE INSTRUCTIONS ON REVERSE | | through 09/30/14 | | Page4 of7 |
| NAME OF FILER | | | 1.D. N | I.D. NUMBER |
| Marjorie Leimgruber | | | 1363 | 1363114 |
| | | THEORY | | |

| | 09/04/2014 | 09/03/2014 | 08/14/2014 | 08/14/2014 | 07/25/2014 | DATE RECEIVED |
|------------|--|---|---|--|---|--|
| | Amy Chi 2 Sugarcane Ln. Ladera Ranch 92694 | Victor Rombaut 1404 Kamm Rd Holtville, CA 92250 | Mike Entzminger 1530 W Broadway Tempe, AZ 85282 | Jim McNeal 414 W. Elm Ave. Burbank, CA 91506 | Imperial Valley Milling 250 E. 5th Street Holtville, CA 92250 | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF-COMMITTEE, ALSO ENTER I.D. NUMBER) |
| | DOTH SCC | SCC Y | SCC Y H M | DOTH SCC | DOTH SCC SCC | CONTRIBUTOR CODE * |
| SUBTOTAL\$ | House Wife | Retired | Retired | Retired | | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) |
| 3400.00 | 500.00 | 900.00 | 1000.00 | 500.00 | 500.00 | AMOUNT RECEIVED THIS PERIOD |
| | 750.00 | 1,895.00 | | | | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) |
| | | | | | | PER ELECTION TO DATE (IF REQUIRED) |

Schedule A Summary

- Amount received this period itemized monetary contributions.
- (Include all Schedule A subtotals.)

3550.00 159.00

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

- Total monetary contributions received this period.

3709.00

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

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded

SCHEDULE A (CONT.)

| Monetary | Wolletary Collabutions Neceived | to whole dollars. | ollars. | OZ/O1/1/ | 07/01/1/ | CALIFORNIA 461 | <u> </u> |
|---------------------|--|----------------------------------|--|-----------------------------------|---|---|----------|
| | | | | through 09/ | 09/30/14 | 5 of 7 | 7 |
| NAMEOFFIER | | | | | | MBER | |
| Marjorie Leimgruber | imgruber | | | | | 1363114 | |
| 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) | DATE PER ELECTION TO DATE TO DATE (IF REQUIRED) | ied) |
| 09/30/2014 | Border Valley Trading, LTD PO Box 62 Brawley, CA 92227 | DOTH SCC | | 150.00 | | 8 | |
| | | □ SCC | | | | | |
| | | OCC ON SCC | | | | | |
| | | □ IND □ COM □ PTY □ PTY | | | | | |
| | | SCC | | | | | |
| | | | SUBTOTAL \$ | 150.00 | | | |

*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

Amounts may be rounded Type or print in ink.

to whole dollars.

from through Statement covers period 07/01/14 09/30/14 Page _

CALIFORNIA FORM თ <u>o</u> \sim

SCHEDULE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Marjorie Leimgrube 1363114 I.D. NUMBER

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

civic donations contribution (explain nonmonetary) campaign consultants campaign paraphernalia/misc. candidate filing/ballot fees 開発量 office expenses meetings and appearances member communications petition circulating SAL 광용 둳

phone banks

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

print ads

fundraising events

independent expenditure supporting/opposing others (explain)*

campaign literature and mailings

legal defense

returned contributions radio airtime and production costs

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

We You 귳茲콩 staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

information technology costs (internet, e-mail) voter registration

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CODE OR | R DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|-------------|--------------------------|-------------|
| Imperial County Elections 940 W. Main St. El Centro, CA 92243 | VOT | Check | 157.62 |
| Imperial County Elections 940 W. Main St. El Centro, CA 92243 | FE | Check | 300.00 |
| Superior Ready Mix El Centro, CA 92243 | CMP | Check | 52.92 |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | rized on So | hedule D. SUBTOTAL\$ | 510.54 |

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.).....
- Unitemized payments made this period of under \$100
- ယ Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e).)
- 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 (866/275-3772) FPPC Form 460 (January/05)

69 69 49

none

4404.69 40.00

4444.69

Schedule E (Continuatio Payments M

Type or print in ink.

Sc. .cDULE E (CONT.)

| 2,459.55 | SUBTOTAL \$ | | Schedule D. | * Payments that are contributions or independent expenditures must also be summarized on Schedule D. |
|-------------------------------------|---|---|---|---|
| 23.79 | | Visa Card | CMP | Dollar Store El Centro, CA |
| 358.56 | | Check | Ę | Imperial Printers 430 Main St. El Centro, CA 92243 |
| 900.00 | | Check | PRT | Imperial Valley Press El Centro, CA 92243 |
| 1020.60 | | Check | Ħ | Imperial Printers 430 Main St. El Centro, CA 92243 |
| 156.60 | | Check | 디 | Imperial Printers 430 Main St. El Centro, CA 92243 |
| AMOUNT PAID | DESCRIPTION OF PAYMENT | | CODE OR | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) |
| s ne candidate/sponsor -mail) | describe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail) | payment, you may enter the code. Otherwise, RAD member communications RFD meetings and appearances SAL petition circulating Phone banks polling and survey research postage, delivery and messenger services Porofessional services (legal, accounting) Professional services (legal, accounting) WEB point ads | payment, you may enter the member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger professional services (legal, accouprint ads | CODES: If one of the following codes accurately describes the payment, you may example the compaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIL candidate filing/ballot fees FIND independent expenditure supporting/opposing others (explain)* POS postage, delivery and mentary reseaus the payment, you may expenses MBR member communications MFC office expenses PET petition circulating PHO phone banks POL polling and survey reseaus PRO professional services (le |
| 4 4 | 1.D. NUMBER 1363114 | | | Name of Filer Marjorie Leimgruber |
| 6 of 7 | 09/30/14 | through | | SEE INSTRUCTIONS ON REVERSE |
| 2M 460 | m 07/01/14 CALIFORNIA FORM | from | rounded liars. | (Continuation Sheet) Amounts may be rounded to whole dollars. |

(Continuation Sheet) Payments Made Schedule E

Type or print in ink. Amounts may be rounded

SUMEDULE E (CONT.)

| (Continuation Sheet) Amounts may be rounded to whole dollars | rounded | | State | Statement covers period | CALIFORNIA | 460 |
|---|--------------------------------------|---|------------------------|---|-------------------------------|---------------------|
| Payments Made | | | from | 09/30/14 | FOR | 7 7 |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | | Sin Original | and a | I.D. NUMBER | 9 |
| Marjorie Leimgruber | | | | | 1363114 | |
| DES: If one of the following codes accurately describes the p | u may en | code. | - 1 | describe the payment. | | |
| OMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations MBR member communications MTG meetings and appearances OFC office expenses CVC civic donations | unications appearances es tino | 4 | RAD ret | radio airtime and production costs returned contributions campaign workers' salaries to or cable airtime and production costs. | costs | |
| candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* POS legal defense campaign literature and mailings | rvey researcery and meservices (lega | phone banks phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads | ω -, | candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail) | I meals and meals of the same | e candidate/sponsor |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | | DESCRIPTION OF PAYMENT | PAYMENT | | AMOUNT PAID |
| Holtville Tribune 128 W. Fifth Street Holtville, CA | PRT | Check | | | | 225.00 |
| Imperial Printers 430 Main St. El Centro, CA 92243 | CMP | Check | | | | 1209.60 |
| | | | | | | |
| | | | | | | |
| | | | : | | | |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | hedule D. | | | SUE | \$ TYLOTARS | 1434 60 |

| Recipient Committee Campaign Statement Cover Page | Type or print in ink | in K | Date Stamp | CALIFORNIA 460 |
|---|--|--|--|--|
| (Government Code Sections 84200-84216.5) | Statement covers period | Date of election if applicable: | RECEIVED | Page 1 of 6 |
| | from 10/01/14 | (Month, Day, Year) | 001 2 0 2014 | For Official Use Only |
| SEE INSTRUCTIONS ON REVERSE | 10/18/14 | November 4, 2014 | IMPERIAL COUNTY REGISTRAR OF VOTERS | |
| 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. | Complete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | |
| Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Spall Contributor Committee | Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee | ☑ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below) | elow) | Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495 |
| Sponsored Small Contributor Committee Political Party/Central Committee | Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) | | | |

4 Verification

OPTIONAL: FAX / E-MAIL ADDRESS

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

S STATE

92250

760-356-2639 AREA CODE/PHONE

None

NAME OF ASSISTANT TREASURER, IF ANY

Holtville

MAILING ADDRESS

ZIP CODE

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Holtville

same

Committee Information

1.D. NUMBER 1363114

NAME OF TREASURER

Treasurer(s)

MAILING ADDRESS Marjorie Leimgruuber

1725 Towland Rd

STATE SA

ZIP CODE

92250

760-356-2639

AREA CODE/PHONE

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Leimgruber for Supervisor 2014

STREET ADDRESS (NO P.O. BOX)

1725 Towland Rd.

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. 0

| | Executed on | Executed on | Executed on | Executed on |
|---|---|--|---|--|
| | Date | Date | Date | 10/20/2014 |
| EDDC Toll-Free Heinline: 866/85K-EDDC 886/27K | By Signature of Controlling Officeholder, Candidate, State Measure Proponent EPPC Form 460 (January) | By Signature of Controlling Officeholder, Candidate, State Measure Proponent | By Starfature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor | By Mary State of Treasupt or Assistant Treasurer |

rm 460 (January/05) PPC (866/275-3772) State of California

| | AL | |
|----|------|---------------------|
| 2 | FORM | COVE |
| L. | 4 | RPAGE |
| တ | 60 | COVER PAGE - PAKI 2 |
| | | |

| | Attach continuation sheets if necessary | Attach continuation | | ODE AREA CODE/PHONE | STATE ZIP CODE | CITY |
|-----------------|---|--|---|--|---|--|
| | | | | OX) | STREET ADDRESS (NO P.O. BOX) | COMMITTEE ADDRESS |
| SUPPORT OPPOSE | OFFICE SOUGHT OR HELD | | NAME OF OFFICEHOLDER OR CANDIDATE | CONTROLLED COMMITTEE? | | NAME OF TREASURER |
| SUPPORT OPPOSE | OFFICE SOUGHT OR HELD | | NAME OF OFFICEHOLDER OR CANDIDATE | LU. NUMBER | | COMMITTEE NAME |
| SUPPORT OPPOSE | OFFICE SOUGHT OR HELD | | NAME OF OFFICEHOLDER OR CANDIDATE | ODE AREA CODE/PHONE | STATE ZIP CODE | СІТҮ |
| SUPPORT OPPOSE | OFFICE SOUGHT OR HELD | | NAME OF OFFICEHOLDER OR CANDIDATE | | STREET ADDRESS (NO P.O. BOX) | COMMITTEE ADDRESS |
| names of | Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. | Candidate/Officehate(s) for which this c | 7. Primarily Formed C officeholder(s) or candid | CONTROLLED COMMITTEE? | | NAME OF TREASURER |
| | | | | I.D. NUMBER | | COMMITTEE NAME |
| ANY | DISTRICT NO. IF ANY | | OFFICE SOUGHT OR HELD | Itement: List any committees or are primarily formed to receive ididacy. | 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 state contributions or make e |
| | ONENT | CANDIDATE, OR PROP | NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | | | |
| ponent, if any. | officeholder, candidate, or state measure proponent, if any. | officeholder, candi | Identify the controlling | CITY STATE ZIP HOItVIIIe CA 92250 | RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C | RESIDENTIAL/BUSINESS A |
| 1 | | | | | pervisor District 5 | Imperial County Supervisor District 5 |
| SUPPORT | - S | JURISDICTION | BALLOT NO. OR LETTER | T NUMBER IF APPLICABLE) | Wally Leimgruber OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | Wally Leimgruber |
| | | E | NAME OF BALLOT MEASURE | | R OR CANDIDATE | NAME OF OFFICEHOLDER OR CANDIDATE |
| | ommittee | allot Measure Co | 6. Primarily Formed Ballot Measure Committee | ittee | Officeholder or Candidate Controlled Committee | . Officeholder or Ca |
| OI | rage | | | | | |

Type or print in ink.

| FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) | | Add Line 2 + Line 9 in Column B above \$ NONE | 19. Outstanding Debts Add Line 2 4 |
|---|---|--|---|
| | | ctions on reverse \$ | Cash Equivalents and Outstanding Debts 18. Cash Equivalentssee instru |
| | for this calendar year, only carry over the amounts | Schedule B, Part 2 \$ | 17. LOAN GUARANTEES RECEIVED |
| 물 | | ı | If this is a termination statement, Li |
| reported in Column B. | | Schedule I, Line 4 780.00 Column A, Line 8 above 564.60 | 14. Miscellaneous Increases to Cash |
| | To calculate Column B, add amounts in Column A to the corresponding amounts | Previous Summary Page, Line 16 \$ 1144.00 200.00 | 12. Beginning Cash Balance Previo |
| \$ | | 444.50 | Current Cash Statement |
| \$ | \$ 36222.04 | Add Lines 8+9+10 \$ 1530.00 | 11. TOTAL EXPENDITURES MADE |
| (mm/dd/yy) | 750.00 | 750 | 9 |
| ative Expenditure: ct to Voluntary Expenditu | \$ 35472.04 | | SUBTOTAL CASH PAYMENTS Accrued Expenses (Unpaid Bills) |
| 33 Commission Repositions and a | ,0, | Schedule H, Line 3 -0- | 7. Loans Made |
| Expenditure Limit Summary for State Candidates | \$ 35472.04 | Schedule E, Line 4 \$ 780.00 | Expenditures Made |
| Made \$ 30247.35 \$ 5224.69 | \$ 36402.98 | Add Lines 3 + 4 \$ 950.00 | 5. TOTAL CONTRIBUTIONS RECEIVED |
| | 750.00 | Schedule C, Line 3 750.00 | 4. Nonmonetary Contributions |
| ons 31743.98 | \$ 35652.98 | Add Lines 1+2 \$ 200.00 | 3. SUBTOTAL CASH CONTRIBUTIONS |
| 1/1 through 6/30 7/1 to Date | 6705.00 | Schedule B, Line 3 -0- | 2. Loans Received |
| General Elections | | ə | 1 Monetany Contributions |
| Calendar Year Summary for Candidates Running in Both the State Primary and | Column B CALENDAR YEAR TOTAL TO DATE | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Contributions Received |
| 1363114 | | | MarjorieLeimgruber |
| I.D. NUMBER | | | NAME OF FILER |
| 10/18/14 Page 3 of 6 | through . | | SEE INSTRUCTIONS ON REVERSE |
| 10/01/14 FORM 460 | fro | to whole dollars. | Summary Fage |
| | 1 | Amounts may be rounded | Campaign discressire statement |

Mone Schedule A

Type or print in ink.

Amounts may be rounded

SCHEDULE A

| Monetary (| Monetary Contributions Received | 6 | to whole dollars. | Statement covers period 10/01/14 | covers period 10/01/14 | CALIFORNIA 460 |
|--|--|---------------------------|--|-----------------------------------|---|---|
| SEE INSTRUCTIONS ON REVERSE | IS ON REVERSE | | | gh | 10/18/14 | Page4 of6 |
| NAME OF FILER | | | | | | MBER |
| MarjorieLeimgruber | mgruber | | | | | 1363114 |
| 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 AR TO DATE TO PER ELECTION TO DATE TO PER ELECTION |
| 10/15/14 | Jacques Istel One Center of the World Plaza Felicity, CA 92283 | ZIND COM OTH PTY | Retired | 200.00 | 500.00 | 0 |
| | | OSCC | | | | |
| | | OSCC | | | | |
| | | DOTH SCC | | | | |
| | | SCC Y H M | | | | |
| | | | \$ SUBTOTAL | 200.00 | | |
| Schedule A Summary 1. Amount received this peri (Include all Schedule A su | Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | | ₩ | 200.00 | *Contrit IND – in COM – | *Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC) |
| | Amount received this period – unitemized monetary contributions of less than \$100\$100 | of less than \$ | 100 \$ | none | PTY-F | OTH - Other (e.g., business entity) PTY - Political Party |
| 3. lotal monet (Add Lines | (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | nn A, Line 1.) | TOTAL \$ | 200.00 | 800-8 | SCC - Small Contributor Committee |

Schedule C Nonmonetar

Type or print in ink.
Amounts may be rounded

SCHEDULE C

| NOTHING | Nonlinonetary Contributions Received | | to whole dollars. | | Statement covers period 10/01/14 | ESSONE W | CALIFORNIA 460 | Ö |
|---------------|--|-----------------------|--|-------------------------------------|----------------------------------|---|---|----|
| SEE INSTRUC | SEE INSTRUCTIONS ON REVERSE | | | | 10/18/14 | | Page 5 of 6 | ' |
| NAME OF FILER | 20 | | | | | - | I.D. NUMBER | |
| Marjoriel | MarjorieLeimgruber | | | | | 1 | 1363114 | |
| DATE | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (EAR (IF REQUIRED) | ΥŽ |
| 10/05/201 | Havens & Sons 603 E. Main St. El Centro, CA | SCC DIND | Trucking | Political Sign Truck Van | 750.00 | 1,750.00 | 3.00 | |
| | | DSCC | (2.7) | | | | | |
| | | DOTH SCC | | | | | | |
| | | OTH MO | | | | | | |
| Attach ad | Attach additional information on appropriately labeled continuation sheets. | ed continuation | in sheets. | SUBTOTAL \$ | \$ 750.00 | | | |

Schedule C Summary

| | ω | Ν | <u>.</u> - | |
|--|---------------------|--|--|-------------------|
| (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) | | 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ | 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$\$ | |
| 750.00 | 750 00 | none | 750.00 | |
| | SCC – Small Contrib | OTH - Other (e.g., | IND Individual COM Recipient Co | Contributor Couce |

Payments Made Schedule E

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

from through Statement covers period 10/01/14 10/18/14 Page

SCHEDULE

NAME OF FILER SEE INSTRUCTIONS ON REVERSE MarjorieLeimgruber CALIFORNIA 1363114 I.D. NUMBER FORM თ 잋 တ

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. PO Box 248 NAACP Imperial Valley Holtville Trribune El Centro, CA 92243 Holtville, CA 92250 128 W. Fifth Street El Centro, CA 92243 **IV Press** civic donations candidate filing/ballot fees campaign paraphernalia/misc. contribution (explain nonmonetary)* campaign consultants campaign literature and mailings independent expenditure supporting/opposing others (explain)* tundraising events legal defense NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 3388P 물 office expenses meetings and appearances member communications print ads professional services (legal, accounting) postage, delivery and messenger services polling and survey research phone banks petition circulating CODE MBR PRT PRT 유 Check Check Check DESCRIPTION OF PAYMENT ବ୍ୟ જ જ 한 ² 점 용 voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals radio airtime and production costs information technology costs (internet, e-mail) candidate travel, lodging, and meals t.v. or cable airtime and production costs returned contributions campaign workers' salaries AMOUNT PAID 600.00 150.00 30.00

Schedule E Summary

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

O

SUBTOTAL \$

780.00

- 1. Itemized payments made this period. (Include all Schedule E subtotals.)
- ω Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e).)

Unitemized payments made this period of under \$100

- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)
- 4 TOTAL \$

49

¢ þ 780.00

| EPPC Form 460 / lanuary/0 | le Measure Proponent | Signature of Controlling Officeholder, Candidate, State Measure Proponent | By | | Date | Executed on |
|--|--|--|--|--|--|--|
| ı | te Messure Proponent | Signature of Controlling Officeholder, Candidate, State Measure Proponent | | | Date | Executed on |
| 1 1 | reasurer rent or Responsible Officer of Sponsor | Signature of freasurer or Assistant Treasurer Signature of Freasurer or Assistant Treasurer Controlling Stateholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor | | | 11/10/2014 Date 11/10/2014 Date | Executed on |
| is true and complete. I certify | in and in the attached schedules i | 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. | Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my know under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | d reviewing this si of California that ti | able diligence in preparing and y under the laws of the State c | I. Verification I have used all reason: under penalty of perjur |
| | :SS | OPTIONAL: FAX / E-MAIL ADDRESS | | | all Address Doutlook.com | wallyleimgruber@outlook.com |
| AREA CODE/PHON | STATE ZIP CODE | СІТҮ | AREA CODE/PHONE | ZIP CODE | STATE | CITY |
| | IREASURER, IF ANY | NAME OF ASSISTANT TREASURE NNONNE MAILING ADDRESS | 760-356-2639 | 92250 T OR P.O. BOX | Holtville CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET | Holtville MAILING ADDRESS (IF |
| AREA CODE/PHON 7603562639 | STATE ZIP CODE CA 92250 | 1 120 | | | | STREET ADDRESS (NO P.O. BOX) 1725 Towland Rd |
| | | Treasurer(s) NAME OF TREASURER Marjorie Leimgruber MALLING ADDRESS | 114 | 1363114 0MMITTEE) | Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Leimgruber for Supervisor 2014 | 3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME) Leimgruber for Supervisor 2014 |
| Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495 | ation) | 2. Type of Statement: Preelection Statement Semi-annual Statement Permination Statement (Also file a Form 410 Termination) Amendment (Explain below) | Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee O Controlled O Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) | nittees - Complete Pa Primarily F. Committee Controll O Sponso (Also Complete Officeholde (Also Complete) | Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Committee Complete Part 5) General Purpose Committee Comm | 1. Type of Recipient Committ 2 Officeholder, Candidate Controll |
| For Official Use Only | NOV 1 0 2014 RESIDENCE VOTERS | Date of election if applicable: (Month, Day, Year) November 4th 2014 | Statement covers period 10/18/14 from 11/10/2014 | from | EVERSE | SEE INSTRUCTIONS ON REVERSE |
| CALIFORNIA 460 | Date Stamp | ink. | Type or print in ink. |] | nittee ement ons 84200-84216.5) | Recipiert Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5) |

| Page | s | FORM | CALIFORNIA | 000 |
|------|---|------|------------|---------------------|
| of | ח | | 100 × × × | COAELY 200 - 101/17 |

| | Attach continuation sheets if necessary | continuation | Attach | ODE AREA CODE/PHONE | STATE ZIP CODE | CITY |
|--------------------|---|----------------|---|--|--|--|
| SUPPORT OPPOSE | OFFICE SOUGHT OR HELD | <u> </u> | NAME OF OFFICEHOLDER OR CANDIDATE | ☐ YES ☐ NO | STREET ADDRESS (NO P.O. BOX) | COMMITTEE ADDRESS |
| SUPPORT OPPOSE | OFFICE SOUGHT OR HELD | | NAME OF OFFICEHOLDER OR CANDIDATE | CONTROL ED COMMITTEES | | NAME OF TREASURER |
| □ SUPPORT □ OPPOSE | OFFICE SOUGHT OR HELD | | NAME OF OFFICEHOLDER OR CANDIDATE | LD. NUMBER | סואות בוד כטעה | COMMITTEE NAME |
| SUPPORT OPPOSE | OFFICE SOUGHT OR HELD | | NAME OF OFFICEHOLDER OR CANDIDATE | | (NO | COMMITTEE ADDRESS |
| t names of id. | ed Candidate/Officeholder Committee List names of indidate(s) for which this committee is primarily formed. | date/Officel | 7. Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed. | CONTROLLED COMMITTEE? | | NAME OF TREASURER |
| | | | | I.D. NUMBER | | COMMITTEE NAME |
| = ANY | DISTRICT NO. IF ANY | | OFFICE SOUGHT OR HELD | or are primarily formed to receive didacy. | 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 stat contributions or make e |
| | PONENT | NDATE, OR PROJ | NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT | tement: List any committees | Related Committees Not Included in this Statement: List any committees | Related Committee |
| roponent, if any. | lidate, or state measure pr | eholder, cand | Identify the controlling officeholder, candidate, or state measure proponent, if any. | TY STATE ZIP CA 92250 | RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 1725 Towland Rd Holtville | 1725 Towland Rd |
| SUPPORT OPPOSE | | JURISUICITON | BALLO I NO. OR LETTEX | S NOMBER IF APPLICABLE) | Imperial County Supervisor District 5 | Imperial County Supervisor District 5 |
| | | | NAME OF BALLOT MEASURE | | A CA CANDIDATE | Wally Leimgruber |
| | committee | Measure C | 6. Primarily Formed Ballot Measure Committee | ittee | Officeholder or Candidate Controlled Committee | 5. Officeholder or Ca |
| of C | Page | | | | | |

Campaign Disclosure Statement Summary Page

Type or print in ink.

| FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) | | \$none | Outstanding Debts Add Line 2 |
|---|---|---|--|
| | | မာ | Cash Equivalents and Outstanding Debts 18. Cash Equivalentssee instructions on reverse |
| | for this calendar year, only carry over the amounts | \$ none | 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 |
| | | | If this is a termination statement, Line 16 must be zero. |
| | figures that should be | -0- | 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 |
| reported in Column B. | report. Some amounts in | 1813.60 | Colu |
| *Amounts in this section may be different from amounts | corresponding amounts from Column B of your last | none | Increases to Cash |
| | amounts in Column A to the | 1249.00 | |
| \$ | To relation Only | \$ 564.60 | Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 |
| \$ | \$ 38025.64 | \$ 1813.60 | 11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10 |
| | 750.00 | 10.00 | 10. Nonmonetary Adjustment Schedule C, Line 3 |
| Date of Election Total to Date | -0- | -0- | 9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3 |
| 22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit) | \$ 37275.64 | \$ 1803.60 | 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 |
| | -þ | -0- | 7. Loans Made Schedule H, Line 3 |
| Expenditure Limit Summary for State Candidates | \$ 37275.64 | \$ 1803.60 | Expenditures Made 6. Payments Made |
| | \$ 00.00 | 10.00 | 3. I O IAL CONTRIBOTIONS RECEIVED |
| nditures 30247.35 | 27654 00 | 4540 00 | · |
| Received \$ 31743.98 \$ 5908.00 | 750.00 | -0- | None Control C |
| | ω | 1249 | SUBTOTAL CASH CONTRIBUTIONS |
| 1/1 through 6/30 7/1 to Date | 6705.00 | | Loans Received |
| General Elections | ° 30196,98 | s 1249.00 | 1. Monetary Contributions |
| Calendar Year Summary for Candidates Running in Both the State Primary and | Column B CALENDAR YEAR TOTAL TO DATE | Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) | Contributions Received |
| 1363114 | | | Marjorie Leimgruber |
| I.D. NUMBER | | | NAME OF FILER |
| 11/10/2014 Page 3 of 6 | through _ | | SEE INSTRUCTIONS ON REVERSE |
| | from | to whole dollars. | |
| Statement covers period CALIFORNIA A COMINGATI PAGE | | Amounts may be rounded | Summary Page |

Schedule A Monetary Co

Type or print in ink.

| A ainnaile | P | ype | type or print in ink. | | | SCHEDULE A |
|--|---|----------------------------------|--|-----------------------------------|---|--|
| Monetary | Monetary Contributions Received | to v | Amounts may be rounded to whole dollars. | Statement covers period 10/18/14 | covers period 10/18/14 | CALIFORNIA 460 |
| SEE INSTRUCTIONS ON REVERSE | NS ON REVERSE | | | gh | 11/10/2014 | Page 4 of 6 |
| NAME OF FILER | | | | | | I.D. NUMBER |
| Marjorie Leimgruber | eimgruber | | | | | 1363114 |
| DATE | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | DATE PER ELECTION AR TO DATE 31) (IF REQUIRED) |
| 10/31/2014 | Pyramid Construction 839 Dogwood Rd. Heber, CA 92249 | OSCC | | 1000.00 | | |
| 10/31/2014 | Barry Case 1101 S. McCullom El Centro, CA 92243 | SCC | | 100.00 | | |
| | | O PTY SCC SCC | | | | |
| | | □ COM □ COM □ PTY □ SCC | | | | |
| | | OSCC OSC | | | | |
| | | | \$TVLOLENS | 1100.00 | | |
| Schedule / 1. Amount rec (Include all | Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | | G | 1100.00 | *Contrii IND ir COM | *Contributor Codes IND Individual COM Recipient Committee Cother than BTV or SCC) |
| 2. Amount rec | Amount received this period – unitemized monetary contributions of less than \$100 | of less than \$ | 100\$ | 149.00 | - ALO - HIO | OTH - Other (e.g., business entity) |
| Total monel (Add Lines | Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | າກ A, Line 1.) . | \$ | 1249.00 | scc-s | SCC - Small Contributor Committee |

Payments Made Schedule E

NAME OF FILER

Marjorie Leimgruber

SEE INSTRUCTIONS ON REVERSE

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

| from | Statement covers p |
|----------|--------------------|
| 10/18/14 | covers |
| 4 | period |

through

11/10/2014

363114

Page CALIFORNIA I.D. NUMBER FORM O 앜 460 SCHEDULE တ

CODES: If one of the following codes accurately describes 5 DAVMent enter the code Otherwise describe \$

| | ניטטו | codes: If one of the following codes accurately describes the payment, you may enter the code. | me p | ayment, you may enter the code. Otherw | Vise, a | Otherwise, describe the payment. |
|---|--------|--|----------------|---|----------|---------------------------------------|
| _ | Q T | campaign paraphernalia/misc. | MBR | MBR member communications | RAD | radio airtime and production costs |
| _ | S | campaign consultants | MG | meetings and appearances | RF FJ | |
| _ | CIB | contribution (explain nonmonetary)* | OF C | OFC office expenses | SAL | campaign workers' salaries |
| _ | გ ი | civic donations | 图 | petition circulating | 둭 | |
| _ | 끝 | candidate filing/ballot fees | 공 | phone banks | 퀹 | candidate travel, lodging, and meals |
| _ | B | fundraising events | POL | polling and survey research | 쿴 | staff/spouse travel, lodging, and mea |
| = | 3 | independent expenditure supporting/opposing others (explain)* | g S | postage, delivery and messenger services | TSF | transfer between committees of the |
| _ | LEG | legal defense | B O | professional services (legal, accounting) | γoΤ | voter registration |
| _ | 5 | campaign literature and mailings | 2 2 | print ads | VEB | information technology costs (interne |

postage, delivery and messenger services professional services (legal, accounting) ठ्यस्य 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 airtime and production costs

information technology costs (internet, e-mail)

| 200.00 | check | MBR | Marlene Thomas El Centro, CA |
|-------------|---------------------------|--------|---|
| 72.75 | check | cmp | Smart & Finals El, Centro CA |
| 9.73 | check | cmp | Del Sol Market Holtville, CA |
| AMOUNT PAID | OR DESCRIPTION OF PAYMENT | CODE 0 | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO EXTER LO, NUMBER) |

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.

SUBTOTAL\$

282.48

- 'n 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).)......

4

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

ťΑ 60

1803.60

10.00

þ

1813.60

Payments Made Schedule E (Continuation Sheet)

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

SCHEL LE E (CONT.)

Statement covers period

| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | | | United Way Of Imperial County 2410 Imperial Business Park Dr. Imperial, CA 92251 CTB Tel | NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) CODE OR | CODES: If one of the following codes accurately describes the payment, you may enter the code. 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)* ND LEG legal defense LT campaign literature and mailings LT campaign paraphernalia/misc. MBR member communications MBR member communications MET petition circulating PHO phone banks POL polling and survey research PRO postage, delivery and messenger services PRO professional services (legal, accounting) PRO print ads | Marjorie Leimgruber | SEE INSTRUCTIONS ON REVERSE | (Continuation Sheet) Payments Made Amounts may be rounded to whole dollars. |
|--|--|--|--|--|---|------------------------|-----------------------------|---|
| | | | check Termination of Ca | DESC | er the code. Otherwise, RAD RAD RFD SALL TEL TRC TRS TSF accounting) WEB | | | |
| SUE | | | of Campaign Account | DESCRIPTION OF PAYMENT | rwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponso VOT voter registration WEB information technology costs (internet, e-mail) | | through 11/10/2014 | from 10/18/14 |
| SUBTOTAL \$ 1521.12 | | | 1521.12 | AMOUNT PAID | costs fuction costs furmeals and meals s of the same candidate/sp (internet, e-mail) | I.D. NUMBER 1363114 | Page 6 of 6 | CALIFORNIA 460 |