

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

OptiTemp <b>REGISTRAR OF VOTERS</b>		CALIFORNIA <b>FORM 460</b>	
Statement covers period from <u>1/01/13</u> through <u>06/30/13</u>		Date of election if applicable: (Month, Day, Year) <u>6-5-12</u>	
RECEIVED BY:		JUL 08 2013	
Page <u>1</u> of <u>5</u>		For Official Use Only	

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall  
 (Also Complete Part 5)

General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee  
 Controlled  
 Sponsored  
 (Also Complete Part 6)

Primarily Formed Candidate/Officeholder Committee  
 (Also Complete Part 7)

**2. Type of Statement:**

Preelection Statement  
 Semi-annual Statement  
 Termination Statement  
 (Also file a Form 410 Termination)

Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report  
 Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect Jack Terrazas  
Supervisor - 2012

I.D. NUMBER  
1302812

STREET ADDRESS (NO P.O. BOX)  
1744 Desert Gardens Dr.

CITY STATE ZIP CODE AREA CODE/PHONE  
E1 Centro CA 92243 (760)604.3863

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
PO Box 2123

CITY STATE ZIP CODE AREA CODE/PHONE  
E1 Centro CA 92244

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**  
 NAME OF TREASURER  
Alicia Armenta  
 MAILING ADDRESS  
1740 Ross Ave.

CITY STATE ZIP CODE AREA CODE/PHONE  
E1 Centro CA 92243 (760)353-0234

NAME OF ASSISTANT TREASURER, IF ANY  
~~MAILING ADDRESS~~

CITY STATE ZIP CODE AREA CODE/PHONE  
~~OPTIONAL: FAX / E-MAIL ADDRESS~~

**4. Verification**

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

Executed on 7/8/13 Date  
 By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on 7/8/13 Date  
 By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date  
 By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date  
 By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent

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

Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE Jesus "Jack" Terrazas  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Imperial County Supervisor District 2.  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1744 Desert Gardens Dr. El Centro, CA 92243

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

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

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE \_\_\_\_\_  
 BALLOT NO. OR LETTER \_\_\_\_\_ JURISDICTION \_\_\_\_\_  
 SUPPORT  
 OPPOSE  
 Identify the controlling officeholder, candidate, or state measure proponent, if any.  
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT \_\_\_\_\_  
 OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY \_\_\_\_\_

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

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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jesus "Jack" Terrazas

Statement covers period  
from 1/01/13  
through 6/30/13

Page 3 of 5

CALIFORNIA  
FORM  
**460**

I.D. NUMBER  
1302812

## Contributions Received

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

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 350.00	\$
7. Loans Made .....	Schedule H, Line 3 \$ 0	\$
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 350.00	\$
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 \$ 0	\$
10. Nonmonetary Adjustment .....	Schedule G, Line 3 \$ 0	\$
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ 350.00	\$

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 2478.26	\$
13. Cash Receipts .....	Column A, Line 3 above \$ 0	\$
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 \$ 350.00	\$
15. Cash Payments .....	Column A, Line 8 above \$ 2128.26	\$
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2128.26	\$

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

17. LOAN GUARANTEES RECEIVED .....

Schedule B, Part 2  
\$ 0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....

See instructions on reverse  
\$ 0

19. Outstanding Debts .....

Add Line 2 + Line 9 in Column B above  
\$ 0

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

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

20. Contributions Received	1/1 through 6/30	7/1 to Date
\$	\$	\$
21. Expenditures Made	\$	\$

## Expenditure Limit Summary for State Candidates

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

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

**Schedule E**  
**Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>01/01/13</u> through <u>06/30/13</u>	<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
Page <u>4</u> of <u>5</u>	<b>SCHEDULE E</b>
I.D. NUMBER <u>1302812</u>	

NAME OF FILER  
Jesus "Jack" Terrazas

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Secretary of State</u>	<u>Fil.</u>		<u>Account Fee</u>	<u>50.00</u>
<u>State of California</u>				
<u>Probation and Corrections P.O.A.</u>	<u>CVC</u>		<u>Youth Summit</u>	<u>100.00</u>
<u>324 Apple Hill</u>				
<u>El Cerrito, Ca 92223</u>				
<u>Imperial Valley College - Small Bus.</u>	<u>CVC</u>		<u>SBE. function</u>	<u>100.00</u>
<u>Imperial Ca 92251</u>				
<b>SUBTOTAL \$</b>				<u>250.00</u>

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

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 350.00
- Unitemized payments made this period of under \$100 ..... \$ —
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ —
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 350.00

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

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

SCHEDULE E (CONT.)

Statement covers period  
 from 01/01/13  
 through 06/30/13

CALIFORNIA  
 FORM **460**

Page 5 of 5

I.D. NUMBER  
1302812

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER

Jesus "Jack" Terrazas

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PEI petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery, and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- 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/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Diablos Basabal 12-12</u> <u>E1 Castro Little League</u> <u>E1 Castro, Ca 92243</u>	<u>CVC</u>		<u>Donation</u>	<u>100.00</u>

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

SUBTOTAL \$ 100.00

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-94216.5)

Type or print in Ink.

COVER PAGE

Statement covers period from <u>07/01/13</u> through <u>12/31/13</u>	Date of election if applicable: (Month, Day, Year) <u>6-5-12</u>	Date Stamp <b>FILED</b> <b>REGISTRAR OF VOTERS</b> <b>JAN 13 2014</b>	Page <u>1</u> of <u>5</u> For Official Use Only
		<b>RECEIVED BY:</b>	<b>CALIFORNIA FORM 460</b>

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee       Primarily Formed Ballot Measure Committee  
 State Candidate Election Committee       Controlled Committee  
 Recall       Sponsored  
(Also Complete Part 5)

General Purpose Committee       Primarily Formed Candidate/Officeholder Committee  
 Sponsored       Officeholder Committee  
 Small Contributor Committee       Political Party/Central Committee  
(Also Complete Part 7)

**2. Type of Statement:**

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

**3. Committee Information**      I.D. NUMBER 1302812

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect Jack Terrages  
Supervisor - 2012

STREET ADDRESS (NO P.O. BOX)  
1744 Desert Gardens Dr.

CITY El Centro, Ca      STATE Ca      ZIP CODE 92243      AREA CODE/PHONE (760) 604-3863

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
PO Box 2123

CITY El Centro      STATE Ca      ZIP CODE 92244      AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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NAME OF TREASURER  
Alicia Armenta

MAILING ADDRESS  
1740 Ross dr.

CITY El Centro      STATE Ca      ZIP CODE 92243      AREA CODE/PHONE (760) 353-0234

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

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

Executed on 11/2/2014      By [Signature]  
Date      Signature of Treasurer or Assistant Treasurer

Executed on 11/2/14      By [Signature]  
Date      Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer or Sponsor

Executed on \_\_\_\_\_      By \_\_\_\_\_  
Date      Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on \_\_\_\_\_      By \_\_\_\_\_  
Date      Signature of Controlling Officer/Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVERPAGE - PART 2  
CALIFORNIA  
FORM 460

Page 2 of 5

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Jesus "Jack" Terrazas

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Imperial County Supervisor, Dist. 2.

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1744 Desert Gardens Dr El Centro, Ca 92243

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

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

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

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

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary.

**Campaign Disclosure Statement**  
**Summary Page**

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

SUMMARY PAGE

Statement covers period  
 from 07/01/13  
 through 12/31/13

CALIFORNIA  
 FORM  
**460**

Page 3 of 5  
 I.D. NUMBER  
1302812

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Jesus "Jack" Terrazas

**Contributions Received**

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

**Expenditures Made**

6. Payments Made	Schedule E, Line 4 \$ 640	\$ 990
7. Loans Made	Schedule H, Line 3 \$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 640	\$ 990
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 640	\$ 990

**Current Cash Statement**

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 2,128	\$ 2,128
13. Cash Receipts	Column A, Line 3 above \$ 0	\$ 0
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 640	\$ 640
15. Cash Payments	Column A, Line 8 above \$ 1,488	\$ 1,488
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,280	\$ 1,280

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

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

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents  
 See instructions on reverse  
 \$ 0

19. Outstanding Debts  
 Add Line 2 + Line 9 in Column B above  
 \$ 0

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

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

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

20. Contributions Received \$ 0

21. Expenditures Made \$ 0

**Expenditure Limit Summary for State Candidates**

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

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

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



**Schedule E  
Payments Made**

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

SCHEDULE E  
**CALIFORNIA  
FORUM 460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Jesus "Jack" Terrazas**

Statement covers period  
from 07/01/13  
through 12/31/13  
Page 4 of 5  
I.D. NUMBER  
**1302812**

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- 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/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>Alexis Desert Valley Bandits</b> 707 Doo! Av. Calaveras CA 92231	PRT		Ad for function	100.00
<b>KIWANIS</b> PO Box 632 El Centro CA 92244	CVC		Donation	150.00
<b>MANA</b> 1740 Ross Av. El Centro CA 92243	PRT		Ad.	100.00
<b>SUBTOTAL \$</b>				<b>350.00</b>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ \_\_\_\_\_
2. Unitemized payments made this period of under \$100 ..... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 640.00**

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

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

SCHEDULE E (CONT.)

Statement covers period  
from 07/01/13  
through 12/31/13

CALIFORNIA  
FORM **460**

Page 5 of 5

I.D. NUMBER  
1302812

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Jesus "Jack" Terrazas

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Boy Scouts of America TROOP 4076 400 S. Imperial Cir. Imperial, CA 92251	CVC	Donation to Veterans Building's fund	200.00
MANVA 1740 Ross Av. El Centro, CA 92243	CVC	Donation to fundraiser for scholarships	90.00

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

SUBTOTAL \$ 290.00

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period  
from 01/01/14  
through 06/30/14

Date of election if applicable:  
(Month, Day, Year)  
6-5-12

Date Stamp  
**RECEIVED**  
**JUL 22 2014**  
IMPERIAL COUNTY  
REGISTRAR OF VOTERS

COVER PAGE  
**CALIFORNIA 460**  
2001/02  
FORM  
Page 1 of 5  
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall
  - (Also Complete Part 5)
  - General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
  - Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored
  - (Also Complete Part 6)
  - Primarily Formed Candidate/Officeholder Committee
  - (Also Complete Part 7)

- 2. Type of Statement:**
- Preelection Statement
  - Semi-annual Statement
  - Termination Statement
  - Amendment (Explain below)
  - Quarterly Statement
  - Special Odd-Year Report
  - Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect Jack Terrazas  
Supervisor - 2012

I.D. NUMBER  
1302812

STREET ADDRESS (NO P.O. BOX)  
1744 Desert Gardens Dr

CITY  
El Centro STATE  
Ca ZIP CODE  
92243 AREA CODE/PHONE  
(760) 604-3863

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
PO Box 2123

CITY  
El Centro STATE  
Ca ZIP CODE  
92244 AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Alicia Armenta

MAILING ADDRESS  
1740 Ross Av.

CITY  
El Centro STATE  
Ca ZIP CODE  
92243 AREA CODE/PHONE  
(760) 353-0234

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY  
El Centro STATE  
Ca ZIP CODE  
92243 AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

**4. Verification**

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

Executed on 7/17/2014 Date  
Executed on 7/14/2014 Date  
Executed on \_\_\_\_\_ Date  
Executed on \_\_\_\_\_ Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officer/Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officer/Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Jesus "Jack" Terreras

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Imperial County Supervisor Dist. 2.

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1744 Desert Gardens Dr El Cerrito Ca 92243

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

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

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION  
 SUPPORT  
 OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

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

Statement covers period  
from 01/01/14  
through 06/30/14

Page 3 of 5

CALIFORNIA  
FORM  
**460**  
I.D. NUMBER  
1302812

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Jesus "Jock" Terrazas

**Contributions Received**

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

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

20. Contributions Received	\$ <u>0</u>	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ <u>0</u>		

**Expenditures Made**

6. Payments Made	Schedule E, Line 4 \$ <u>550.00</u>	\$ <u>550.00</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>550.00</u>	\$ <u>550.00</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>550.00</u>	\$ <u>550.00</u>

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made*	Date of Election (mm/dd/yy)	Total to Date
\$ <u>0</u>	___/___/___	\$ <u>0</u>
\$ <u>0</u>	___/___/___	\$ <u>0</u>
\$ <u>0</u>	___/___/___	\$ <u>0</u>
\$ <u>0</u>	___/___/___	\$ <u>0</u>

**Current Cash Statement**

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>1488.26</u>
13. Cash Receipts	Column A, Line 3 above \$ <u>0</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>550.00</u>
15. Cash Payments	Column A, Line 8 above \$ <u>938.26</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>1099.00</u>

**17. LOAN GUARANTEES RECEIVED**

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ <u>0</u>
------------------------------	--------------------------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents	See instructions on reverse \$ <u>0</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>0</u>

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

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

**Schedule E  
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Jesus "Jack" Terrazas

Statement covers period from 01/01/14 through 06/30/14

Page 4 of 5

I.D. NUMBER: 1302812

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Secretary of State State of Calif.	Fri		Annual Fee	50 <sup>00</sup>
Dioblas 1311 Baseball El Centro Little League El Centro, Ca.	CVE		Donation	100 <sup>00</sup>
Desert Valley High School 104 Magnolia Brawley, Ca. 92227	CVE		Donation	100 <sup>00</sup>
<b>SUBTOTAL \$</b>				<b>250<sup>00</sup></b>

**Schedule E Summary**

- \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals) ..... \$ 550<sup>00</sup>
  2. Unitemized payments made this period of under \$100 ..... \$ 0
  3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
  4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 550<sup>00</sup>

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

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

SCHEDULE E (CONT)

CALIFORNIA  
FORM  
**460**

Statement covers period  
from 01/01/14  
through 06/30/14

Page 5 of 5

I.D. NUMBER  
**1302812**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Jacas "Jack" Terrazas

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Projects HEBER PO Box D Heber, CA 92249	ENC		Donation	200.00
Anthony Garcia Foundation 417 Allen Brawley, CA 92227	ENC		Donation	100.00

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

SUBTOTAL \$ **300.00**

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07/01/14  
through 12/31/14

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

Date Stamp  
JAN 07 2015  
CALIFORNIA  
2001/02  
FORM

Page 1 of 4  
For Official Use Only

COVER PAGE

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

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

**2. Type of Statement:**

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

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) I.D. NUMBER 1302812

*Committee to Elect Jack Terrazas*

*Supervisor*

STREET ADDRESS (NO P.O. BOX) 1744 Desert Gardens Dr.

CITY EI Castro STATE Ca ZIP CODE 92243 AREA CODE/PHONE (760) 604-3863

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX PO Box 2123

CITY EI Castro STATE Ca ZIP CODE 92244 AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER Alieia Armenta

MAILING ADDRESS 1740 Ross Ave.

CITY EI Castro STATE Ca ZIP CODE 92243 AREA CODE/PHONE (760) 353-0234

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

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

Executed on 01/06/2015 Date

Executed on 01/06/15 Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent



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

Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Jesus "Jack" Terrazas

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER (IF APPLICABLE))  
Imperial County Supervisor, Dist. 2.

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1744 Desert Gardens Dr. El Centro Ca 92243

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

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

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION  SUPPORT  OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period from 07/01/14 through 12/31/14

Page 3 of 4

I.D. NUMBER 1302812

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Jesus "Jack" Terragas

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ <u>0</u>	\$ _____
2. Loans Received	\$ <u>0</u>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS	\$ <u>0</u>	\$ _____
4. Nonmonetary Contributions	\$ <u>0</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED	\$ <u>0</u>	\$ _____

## Expenditures Made

6. Payments Made	\$ <u>200.00</u>	\$ <u>750.00</u>
7. Loans Made	\$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS	\$ <u>200.00</u>	\$ <u>750.00</u>
9. Accrued Expenses (Unpaid Bills)	\$ _____	\$ _____
10. Nonmonetary Adjustment	\$ _____	\$ _____
11. TOTAL EXPENDITURES MADE	\$ <u>200.00</u>	\$ <u>750.00</u>

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>938.26</u>
13. Cash Receipts	Column A, Line 3 above	\$ _____
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>200.00</u>
15. Cash Payments	Column A, Line 8 above	\$ <u>738.26</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ _____

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

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

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

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

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

20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Date of Election (mm/dd/yy)	Total to Date
\$ _____	____/____/____	\$ _____
\$ _____	____/____/____	\$ _____
\$ _____	____/____/____	\$ _____
\$ _____	____/____/____	\$ _____

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

**Schedule E  
Payments Made**

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

SCHEDULEE  
**CALIFORNIA  
FORM 460**

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07/01/14  
through 12/31/14

Page 4 of 4  
I.D. NUMBER  
1302812

NAME OF FILER  
Jesus "Sack" Terrazas

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
M. ANA 1740 Ross Av El Centro Ca 92243				
			Z6 - 3347038	
	PRT		Print Ad	100.00
Cancer Resource Center of Desert # 75-3206224 1461 So. 47th St El Centro, Ca 92243				
	CVE		Donation	100.00
<b>SUBTOTAL \$</b>				<b>200.00</b>

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

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 200.00
2. Untermized payments made this period of under \$100 ..... \$ \_\_\_\_\_
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ \_\_\_\_\_
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 200.00

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>01/01/15</u> through <u>06/30/15</u>	Date of election if applicable: (Month, Day, Year)	Date Stamp <b>RECEIVED</b> JUL 31 2015 IMPERIAL COUNTY REGISTRAR OF VOTERS	COVER PAGE <b>CALIFORNIA FORM 460</b>
			Page <u>1</u> of <u>5</u> For Official Use Only

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

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

### 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

### 3. Committee Information

I.D. NUMBER 1302812

### Treasurer(s)

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect Jack Terrazas Supervisor

NAME OF TREASURER  
Alicia Armenta

STREET ADDRESS (NO P.O. BOX)  
1744 Desert Gardens Dr

MAILING ADDRESS  
1740 Ross Ave

CITY EI Centro STATE Ca ZIP CODE 92243 AREA CODE/PHONE (760) 604-3863

CITY EI Centro, Ca STATE Ca ZIP CODE 92243 AREA CODE/PHONE (760) 353-0234

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

CITY EI Centro STATE Ca ZIP CODE 92244 AREA CODE/PHONE

MAILING ADDRESS  
~~\_\_\_\_\_~~

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

### 4. Verification

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

Executed on 7/30/2015 Date

By Alicia Armenta Signature of Treasurer or Assistant Treasurer

Executed on 7/30/15 Date

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

RECEIVED  
JUL 31 2015  
IMPERIAL COUNTY  
REGISTRAR OF VOTERS

COVER PAGE - PART 2  
CALIFORNIA  
FORUM  
**460**  
Page 2 of 5

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Jesus "Jack" Tevazas

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Imperial County Supervisor, Dist. 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1744 Desert Gardens Dr. El Centro Ca 92243

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

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

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT  
 OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

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

RECEIVED

JUL 31 2015

Statement covers period  
from 01/01/15  
through 06/30/15

CALIFORNIA  
FORM **460**

SUMMARY PAGE

Page 3 of 5

ID NUMBER  
1302812

IMPERIAL COUNTY  
REGISTRAR OF VOTERS

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Jesus "Tack" Terrazas

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ <u>249.00</u>	\$ _____
2. Loans Received .....	Schedule B, Line 3 <u>_____</u>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ <u>249.00</u>	\$ _____
4. Nonmonetary Contributions .....	Schedule C, Line 3 <u>_____</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ <u>249.00</u>	\$ _____

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ <u>220.00</u>	\$ _____
7. Loans Made .....	Schedule H, Line 3 <u>_____</u>	\$ _____
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ <u>220.00</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 <u>_____</u>	\$ _____
10. Nonmonetary Adjustment .....	Schedule G, Line 3 <u>_____</u>	\$ _____
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ <u>220.00</u>	\$ _____

## Expenditure Limit Summary for State Candidates

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

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

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ <u>738.26</u>
13. Cash Receipts .....	Column A, Line 3 above <u>249.00</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 <u>_____</u>
15. Cash Payments .....	Column A, Line 8 above <u>220.00</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>767.26</u>

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

17. LOAN GUARANTEES RECEIVED .....

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse \$ _____
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ <u>_____</u>

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

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

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

RECEIVED

JUL 21 2015

Statement covers period  
from 01/01/15  
through 6/30/15

Page 4 of 5

CALIFORNIA  
FORM  
**460**

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Jesus "Jack" Terrazas

GENERAL COUNTY

I.D. NUMBER  
1302812

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
1/05/15	Thun-Nan "James" Lo 1510 Melania Ln Arcadia, Ca 91007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self employed Pacific Land International	249. <sup>00</sup>	249. <sup>00</sup>	—
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions:  
(Include all Schedule A subtotals.) ..... \$ 249.<sup>00</sup>
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ —
- Total monetary contributions received this period:  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 249.<sup>00</sup>

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

**Schedule E  
Payments Made**

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

RECEIVED

111 31 2015

Statement covers period  
from 01/01/15  
through 06/30/15

CALIFORNIA  
FORM 460

Page 5 of 5

IMPERIAL COUNTY  
REGISTRATION DIVISION

ID NUMBER  
1302812

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Jesus "Jack" Terrazas

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Secretary of State State of California	FI1		Annual Fee	50.00
Salvation Army 375 no. 5th St E Cantro, Ca. 92243	CVC		Donation	50.00
Save Helpings Crisis Center 210 Wake Ave. E Cantro, Ca. 92243	CVC		Donation	120.00
SUBTOTAL \$				220.00

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 220.00
2. Unitemized payments made this period of under \$100 ..... \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL \$ 220.00



**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07/01/15  
through 12/31/15

Date of election if applicable:  
(Month, Day, Year)  
JAN 25 2016

Date Stamp	RECEIVED	CALIFORNIA FORM 460
JAN 25 2016	IMPERIAL COUNTY REGISTRAR OF VOTERS	
Page <u>1</u> of <u>4</u>		For Official Use Only

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

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

**2. Type of Statement:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

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

Committee to Elect Jack Terrazas Supervisor

I.D. NUMBER 130 2812

**Treasurer(s)**

NAME OF TREASURER

Aliecia Armenta  
1740 Ross Ave.

MAILING ADDRESS

CITY EI Centro STATE Ca. ZIP CODE 92243 AREA CODE/PHONE (760) 353-0234

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX) 1744 Desert Gardens Dr.

CITY EI Centro STATE Ca. ZIP CODE 92243 AREA CODE/PHONE (760) 604-3863

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

PO Box 2123

CITY EI Centro STATE Ca. ZIP CODE 92244 AREA CODE/PHONE

CITY EI Centro STATE Ca. ZIP CODE 92244 AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

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

Executed on 1/25/2016

By

Aliecia Armenta  
Signature of Treasurer or Assistant Treasurer

Executed on 1/25/2016

By

[Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Jesus "Jack" Torras

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER (APPLICABLE))  
Imperial County Supervisor, Dist. 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1744 Desert Gardens Dr El Centro, CA 92243

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION  
 SUPPORT  
 OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NONE ANY

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

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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/15 through 12/31/15

CALIFORNIA FORM **460**

Page 3 of 4

ID NUMBER 1302812

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Jesus "Jack" Terrazas

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ <u>0</u>	\$ <u>249-</u>
2. Loans Received.....	Schedule B, Line 3 \$ <u>0</u>	\$ <u>249-</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ <u>0</u>	\$ <u>249-</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$ <u>0</u>	\$ <u>249-</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ <u>0</u>	\$ <u>249-</u>

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ <u>350.00</u>	\$ <u>570-</u>
7. Loans Made.....	Schedule H, Line 3 \$ <u>0</u>	\$ <u>570-</u>
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ <u>350.00</u>	\$ <u>570-</u>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 \$ <u>0</u>	\$ <u>570-</u>
10. Nonmonetary Adjustment.....	Schedule G, Line 3 \$ <u>0</u>	\$ <u>570-</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ <u>350.00</u>	\$ <u>570-</u>

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary, Page, Line 16 \$ <u>767.26</u>
13. Cash Receipts.....	Column A, Line 3 above \$ <u>0</u>
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 \$ <u>350.00</u>
15. Cash Payments.....	Column A, Line 8 above \$ <u>417.26</u>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>700.00</u>

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

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ <u>0</u>
18. Cash Equivalents.....	See instructions on reverse \$ <u>0</u>
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ <u>0</u>

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

20. Contributions Received	1/1 through 6/30 \$ <u>0</u>	7/1 to Date \$ <u>0</u>
21. Expenditures Made	\$ <u>0</u>	\$ <u>0</u>

## Expenditure Limit Summary for State Candidates

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

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

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

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

**SCHEDULE E  
CALIFORNIA  
FORM  
460**

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07/01/15  
through 12/31/15

Page 4 of 4  
I.D. NUMBER  
13022812

NAME OF FILER Jesus "Jack" Terrazas

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>MAN.V.A 1740 Boss Av El Centro, Ca 92243</u>	<u>PRT</u>		<u>Advertisement on program</u>	<u>100<sup>00</sup></u>
<u>Mariachi Mixteo PO Box 1 Heald, Ca 92249</u>	<u>CVE</u>		<u>Donation of Music to a civic event.</u>	<u>200<sup>00</sup></u>
<u>Secretary of State State of California</u>	<u>Fil</u>		<u>Annual Fee</u>	<u>50<sup>00</sup></u>
<b>SUBTOTAL \$</b>				<b>350<sup>00</sup></b>

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

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 350<sup>00</sup>
- Unitemized payments made this period of under \$100 ..... \$ —
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ —
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 350<sup>00</sup>

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 01/01/16  
through 06/30/16

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

Date Stamp	RECEIVED JUL 25 2016 IMPERIAL COUNTY REGISTRAR OF VOTERS	<b>CALIFORNIA FORM 460</b> Page <u>1</u> of <u>5</u> For Official Use Only
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**1. Type of Recipient Committee:** All committees - Complete Parts 1, 2, 3, and 4.

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

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

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

Committee to Elect Jack Terrazas  
Supervisor

I.D. NUMBER 1302812

Treasurer(s)

NAME OF TREASURER

Alicia Armenta

MAILING ADDRESS

1740 Ross Av

STREET ADDRESS (NO P.O. BOX)

1744 Desert Gardens Dr.

CITY

El Centro

STATE

Ca

ZIP CODE

92243 (760) 604-3863

AREA CODE/PHONE

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

PO Box 2123

CITY

El Centro

STATE

Ca

ZIP CODE

92244

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

CITY

El Centro

STATE

Ca

ZIP CODE

92243 (760) 353-0234

AREA CODE/PHONE

**4. Verification**

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

Executed on 4/25/2016 Date

By

[Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on 4/25/16 Date

By

[Signature]  
Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date

By

\_\_\_\_\_  
Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date

By

\_\_\_\_\_  
Signature of Controlling Officer/Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Jesus "Jack" Terrazas  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Imperial County Supervisor, Dist. 2  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP: 1744 Desert Gardens Dr. El Centro Ca 92243

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<del>BALLOT NO. OR LETTER</del>	<del>BALLOT NO. OR LETTER</del>	<del><input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE</del>

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT	DISTRICT NO. IF ANY
<del>OFFICE SOUGHT OR HELD</del>	<del>DISTRICT NO. IF ANY</del>

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

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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/16 through 06/30/16

CALIFORNIA FORUM **460**

NAME OF FILER Jesus "Jack" Terrazas

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I.D. NUMBER 1302812

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ <u>250.00</u>	\$ _____
2. Loans Received	\$ _____	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS	\$ <u>250.00</u>	\$ _____
4. Nonmonetary Contributions	\$ _____	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED	\$ <u>250.00</u>	\$ _____

## Expenditures Made

6. Payments Made	\$ <u>330.00</u>	\$ _____
7. Loans Made	\$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS	\$ <u>330.00</u>	\$ _____
9. Accrued Expenses (Unpaid Bills)	\$ _____	\$ _____
10. Nonmonetary Adjustment	\$ _____	\$ _____
11. TOTAL EXPENDITURES MADE	\$ <u>330.00</u>	\$ _____

## Current Cash Statement

12. Beginning Cash Balance	\$ <u>417.26</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	\$ <u>250.00</u>	
14. Miscellaneous Increases to Cash	\$ <u>330.00</u>	
15. Cash Payments	\$ <u>337.26</u>	
16. ENDING CASH BALANCE	\$ _____	

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	\$ _____
18. Cash Equivalents	\$ _____
19. Outstanding Debts	\$ _____

## Expenditure Limit Summary for State Candidates

20. Contributions Received	\$ _____	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____		
22. Cumulative Expenditures Made*	\$ _____		

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

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 01/01/16  
through 06/30/16

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SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Jesus "Jack" Terrazas I.D. NUMBER 1302812

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)
2/23	Sempva Energy 101 Ash St San Diego, Ca 92101	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	—
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>250.00</b>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions:  
(Include all Schedule A subtotals) ..... \$ 250.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ —
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 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



**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

*Jesus "Jack" Terrazas*

Statement covers period  
from 01/01/16  
through 06/30/16

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FORM  
460**

SCHEDULE E

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I.D. NUMBER  
1302812

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- 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/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Lucky Food Store 351 Wake Av El Centro, Ca 92243</i>	<i>EV</i>		<i>Donation of Food Cost for a senior group function</i>	<i>250.00</i>
<i>Sure Help Line Crisis 310 Wake Av. Ca 92243 El Centro, Ca 92243</i>	<i>EV</i>		<i>Donation for a statue to award a recipient.</i>	<i>80.00</i>
<b>SUBTOTAL \$</b>				<b><u>330.00</u></b>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 330.00
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).) ..... \$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 330.00