FPPC Form 460 (January/05	te Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	Executed onDate
	d Treasurer or Assistant Treasurer Idale, State Measure Proponent or Responsible Officer of Sponsor Officeholder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible C	Signature of Signature	Executed on Date Date Date
is true and complete. I certify	ein and in the attached schedules	Medge the information contained here	eviewing this statement and to the best of my know California that the foregoing is true and correct.	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 Executed on Execut
E AREA CODE/PHONE	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS	AREA CODE/PHONE	El Cestro L: FAX / E-MAIL ADDRESS
3 (760) 353-0	THO (A 92243	NAME OF ASSISTANT TREASURER,	TIP CODE AREA CODE/PHONE 97243 (760)604.3863	STREET ADDRESS (NO P.O. BOX) 1744 Desert Gardons CITY STATE ZIP CODE CA 924 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. BOX
	Armenta Ross Ave.	MAILING ADDRESS	Jack Gerrazas	Committee to Elect Ja Supervisor - 2012
		er(s	1.b. NUMBER 1302812	3. Committee Information
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	ation)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	All Committees - Complete Parts 1, 2, 3, and 4. ommittee	1. Type of Recipient Committee: All Committe Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Sponsored Political Party/Central Committee
	RECEIVED BY:	6-5-12	through <u>06/30/13</u>	SEE INSTRUCTIONS ON REVERSE
Page of 5	JUL 0 8 2013	Date of election if applicable: (Month, Day, Year)	Statement covers period from 1/0/(3	
CALIFORNIA 460	PEGISTRAR OF VOTERS		Type or print in ink	Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216 5)

STATE ZIP CODE AREA CODE/PHONE	STREET ADDRESS (NO P.O. BO)	JAME OF TREASURER CONTROL FO COMMITTEES	MITTEE NAME	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	VAME OF TREASURER CONTROLLED COMMITTEE?	COMMITTEE NAME I.D. NUMBER	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 1744 Desert Courdons Dr. El Contro, (A 91243	TEMPERIAL COUNTY SUPERVISON DISTRICT NUMBER IF APPLICABLE)	NAME OF OFFICEHOLDER OR CANDIDATE	Officeholder or Candidate Controlled Committee
Attach continuation sheets if necessary	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE	NAME OF OFFICEHOLDER OR CANSUDATE OFFICE SOUGHT OR HELD SUPPORT	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	BALLOT NO. OR LETTER JURISDICTION Support Oppose	NAME OF BALLOT MEASURE	6. Primarily Formed Ballot Measure Committee

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

Statement covers period CALIFORNIA SUMMARY PAGE

Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Column A, Line 8 above 15. Cash Payments Column A, Line 8 above 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 Add Line 2 + Line 9 in Column B above See instructions on reverse \$ 2478 -26 \$ 278 -26	Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 3 350 350 350 350 350 350 350 3	Contributions Received Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) COLUMN A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) Schedule A, Line 3 C C C C C TOTAL CONTRIBUTIONS Schedule B, Line 3 Schedule B, Line 3 Schedule B, Line 3 C C C C C C TOTAL CONTRIBUTIONS Schedule C, Line 3	SEE INSTRUCTIONS ON REVERSE NAME OF FILER JUSUS Jack " Tack" Terrasas
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).	69 69 69 69 69 69 69 69 69 69 69 69 69 6	Column B CALENDAR YEAR YOTAL TO DATE \$	fromthrough
Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (January/6	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$	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 \$ \$ \$	6/30/13 Page 3 of 5 1.D. NUMBER 1302812

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

from | Statement covers period 01/01 /3

CALIFORNIA

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2. Unitemized payments made this period of under \$100 ... = 변호 CVC SS SS 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. 2 \exists Schedule E Summary CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment campaign paraphernalia/misc. civic donations campaign literature and mailings legal defense fundraising events contribution (explain nonmonetary)* campaign consultants independent expenditure supporting/opposing others (explain). candidate filing/ballot fees Imperial Valley Probation and Sacratury of State apple still stateost (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Calitornia College - Small Corrections 9725 earch たのみ 권원 MIG office expenses meetings and appearances member communications professional services (legal, accounting) postage, delivery and messenger services print ads polling and survey research phone banks petition circulating CYC CVC CODE 유 Account tee DESCRIPTION OF PAYMENT SAL R 작장정 voter registration radio airtime and production costs information technology costs (internet, e-mail transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals t.v. or cable airlime and production costs returned contributions candidate travel, lodging, and meals campaign workers' salaries SUBTOTAL\$ 100 25000 100 40 AMOUNT PAID 9 2 18

TOTAL \$

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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).)......(e).

Payments Made Schedule E (Continuation Sheet)

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Type or print in ink.

SCHEDULE E (CONT.

END CAR CAR * Payments that are contributions or independent expenditures must also be summarized on Schedule D. CODES: NAME OF FILER SEE INSTRUCTIONS ON REVERSE civic donations campaign paraphernalia/misc. campaign literature and mailings independent expenditure supporting/opposing others (explain)* contribution (explain nonmonetary)* campaign consultants legal defense fundraising events candidate filing/ballot fees If one of the following codes accurately describes the payment, you may enter the code. Otherwise, El Canto Little League CSUS NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Bassball 922×3 ローバン errasa Amounts may be rounded office expenses meetings and appearances member communications postage, delivery and messenger services professional services (legal, accounting) phone banks polling and survey research petition circulating to whole dollars. CODE 0/0 S Donation DESCRIPTION OF PAYMENT through 26 Statement covers period describe the payment information technology costs (internet, e-mall) voter registration staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals radio airtime and production costs t.v. or cable airtime and production costs campaign workers' salaries returned contributions 01/01/13 8 SUBTOTAL \$ CALIFORNIA Page _ I.D. NUMBER 130 FORM 15 28/2 AMOUNT PAID 약

	ita Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	executed on
	Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, St		Date
	Candidate, State Measure Proponent or Responsible Officer of Sponsor	Controlling Univerpoider, Candidate, State Measure Prop	Signatura green	Executed on
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1	easurer	Signature of Treasurer or Assistant Treasurer	By Child	Executed on Dale
		7 6 2	lia marine roregonig is true and correct.	The state of the first of the state of the s
s is true and complete, I certify	ein and in the attached schedules	wedge the information contained her	ig this statement and to the best of my kno	
				4. Verification
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1	TREASURER, IF ANY	NAME OF ASSISTANT TREASUR	AREA CODE	STATE ZIP
AREA CODE/PHONE		J	dr.	1744 Joseph Gardons
	Ross dv.	1740		6. 6.20
	ia Armenta	lic	erroges	Committee to Elect Scale 1
		NAME OF TREASURER	- 11	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
		Treasurer(s)	I.D. NUMBER	3. Committee Information
			(Also Complete Part 7)	ittee
			Primarily Formed Candidate/ Officeholder Committee	 ○ Sponsored ○ Small Contributor Committee
TOTAL TRANSPORT OF THE TOTAL		Amendment (Explain below)	(Auso Complete Hart 6)	se Committee
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		2. Type of Statement:	omplete Parts 1, 2, 3, and 4.	pe of Recipient Committee: All Committees - C
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or Official U	JAN 1 3 2014	(Month, Day, Year)	from 07/01/13	
Page / of 5	REGISTRAR OF VOTERS	_		(Government Code Sections 84200-84216.5)
FORM	FILED			Cover Page
A	Date Stamp	ink.	Type or print in ink.	Campaign Statement
COVER PAGE				Recipient Committee



	NAME OF TREASURER	COMMITTEE NAME	COMMITTEE ADDRESS ST		COMMITTEE NAME	Related Committees Not not included in this statement the contributions or make expenditu	1744 Desen	Imperial Count	NAME OF OFFICEHOLDER OR CANDIDATE	5. Officeholder or Candidate Controlled Committee	
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NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICENOLDER 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	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	BALLOT NO. OR LETTER JURISDICTION	NAME OF BALLOT MEASURE	6. Primarily Formed Ballot Measure Committee	
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SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Type or print in ink.

SCHEDULE

from through Statement covers period 13 7 Page _ I.D. NUMBER 13028/2

2222 Jack errazas

8 CHB CNS Q * Payments that are contributions or independent expenditures must also be summarized on Schedule D. 득뗪 8 z CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign literature and mailings civic donations contribution (explain nonmonetary)* campaign paraphernalia/misc. campaign consultants legal defense candidate filing/ballot fees independent expenditure supporting/opposing others (explain) fundraising events Calexico Weseri E/ Centro WBOX 632 うなとこ exico (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 92243 Valley Boudits 44226 유지 MB/R member communications office expenses print ads professional services (legal, accounting) postage, delivery and messenger services polling and survey research petition circulating meetings and appearances phone banks CVC PRT PRI CODE 유 Ad for function Donation DESCRIPTION OF PAYMENT 25 O 청 transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airtime and production costs information technology costs (internet, e-mail) voter registration campaign workers' salaries returned contributions t.v. or cable airtime and production costs SUBTOTAL \$ AMOUNT PAID 100 s 5000 SO

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).)......(e).

Schedule E Payments Made (Continuation Sheet)

NAME OF FILER

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

Statement covers period

SCHEDULE E (CONT.)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. Jack errazas through. trom 07/01/13 CALIFORNIA FORM I.D. NUMBER Page 5 of 5 1302812

Payments that are contributions or independent expenditures must also be summarized on Schedule D.		MANA 1740 Ross Av. El Centro Co. 92243	Boy Scouts of America 92251 TROOP 4076 4005, Imparial Con Imperial Co	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CMP campaign paraphernalia/misc. MBR member communications MTG meetings and appearance contribution (explain nonmonetary)* CVC civic donations PET petition circulating period phone banks PHO phone banks POL polling and survey reseases CVC civic donations PHO phone banks POL polling and survey reseases POL polling and survey reseases CVC civic donations PHO phone banks POL polling and survey reseases POL polling and survey reseases PRT print ads PRT print ads
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\$ 79710		90.0	200.00	AMOUNT PAID	ts .me candidate/sponsor e-mail)

4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on Date Executed on Date	STREET ADDRESS (NO P.O. BOX) STREET ADDRESS (NO P.O. BOX) STREET ADDRESS (NO P.O. BOX) CITY MAILING ADDRESS (NO DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS (NO DIFFERENT) NO. AND STREET OR P.O. BOX OPTIONAL: FAX I E-MAIL ADDRESS OPTIONAL: FAX I E-MAIL ADDRESS	1. Type of Recipient Committee: All Committees – Corr All Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Sponsored Pri Officeholder, Candidate Election Committee (Also Complete Part 5) Also Complete Part 5)	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)
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information contained herein and in the attached schedules is true and complete. I M. J.	TREASURER, IF ANY STATE ZIP CODE AREA CODE/PHONE TREASURER, IF ANY STATE ZIP CODE AREA CODE/PHONE ALL ADDRESS	ment: Quarterly Statement Quarterly Statement Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495 Statement - Attach Form 495	CALIFORNIA 460 RECEIVED RECEIVED JUL 2 2 2014 IMPERIAL COUNTY REGISTRAR OF VOTERS

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CITY	COMMITTEE ADDRESS		COMMITTEENAME	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	Related Committees not included in this statem contributions or make exp	RESIDENTIAL/BUSINESS AD	OFFICE SOUGHT OR HELD (NAME OF OFFICEHOLDER C	Officeholder or Cand
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Attach continu	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDARE	NAME OF OFFICSHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	BALLOT NO. OR LETTER JURISDICTION	NAME OF BALLOT MEASURE	6. Ballot Measure Committee
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Summary Page Campaign Disclosure Statement

Amounts may be rounded Type or print in ink.

SUMMARY PAGE

Summary Page to whole dollars	fro	m Ol Ol / 4	FORM 460
SEE INSTRUCTIONS ON REVERSE	through	06/30/14	Page 3 of S
NAME OF FILER JOSUS "Jack" Terrazas			1.D. NUMBER 130 2812
Contributions Received Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidates Running in Both the State Primary and	nary for Candidates State Primary and
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4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$	φ _q	21. Expenditures Made \$	& S
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9. Accrued Expenses (Unpaid Bills)	Ca) 00	Date of Election (mm/dd/yy)	Total to Date
ant 1400	76		₩
13. Cash Receipts Column A, Line 3 above	To calculate Column B, add amounts in Column A to the		₩
Miscellaneous Increases to Cash Schedule I, Line 4	from Column B of your last		\$
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 738	Column A may be negative figures that should be		
If this is a termination statement, Line 16 must be zero.	subtracted from previous period amounts. If this is		G9
17, LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$	for this calendar year, only	*2000 1000 1000	

18. Cash Equivalents ...

19. Outstanding Debts

Add Line 2 + Line 9 in Column B above

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See instructions on reverse

any).

carry over the amounts from Lines 2, 7, and 9 (if

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

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

Schedule B, Part 2

Cash Equivalents and Outstanding Debts

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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"Jack" lerrases

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

through @6/ 30/14 from 01/01/14 Statement covers period CALIFORNIA I.D. NUMBER . g () SCHEDULEE

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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	Schedule E Summary 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Desart Valley Apritichos 104 Magnolia Example y Ca. 92227	Dioblas 134 Baseball El Centre Little Leone El Contro Ca.	Socratury of State State of Calif.	NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID. NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the code. Other campaign paraphernalia/misc. CNP campaign consultants CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donalions FIL candidate filing/ballot fees FIL candidate filing/ballot fees FND fundraising events ND 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
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Schedule E

SCHEDULE E (CONT.)

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30000		100°	200 00	AMOUNT PAID	ne candidate/sponsor	30 2812	S of 5	M 460

4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the inforcertify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on Date Executed on Date	3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) (B mm) Free & Elect Jac STREET ADDRESS (NO P.O. BOX) STREET ADDRESS (NO P.O. BOX) (CITY Electtor DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX OPTIONAL: FAX / E-MAIL ADDRESS	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE
By Signature of Con	BE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE	e/ 2	Type or print in ink. Statement covers period from 27/01/14 through 12/3//14
knowledge the information contained herein and in the attached schedules is true and complete. ad correct. Signalure of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Toll-Free Helpline: 866/ASK-FP State of Califor	OF TREASURER AVERAGE JOHO ROSS AVE. STATE OF ASSISTANT TREASURER, IF ANY	Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain below)	Date Stamp f 1.13 1.13 f election if applicable: (Month, Day, Year) 2.22 ERAN 07 2015
ned schedules is true and complete. I	ZIP CODE AREA CODE/PHONE 72743 (760) 353-0134 ZIP CODE AREA CODE/PHONE	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	COVER PAGE CALIFORNIA 460 2001/02 FORM Page / of / For Official Use Only

-	CALIFORNIA 460	COVER PAGE - PART 2
_		10

			Page 2	of 4
. Officeholder or Candidate Controlled Committee		6. Ballot Measure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
· Jesus "Jack" le	errajas			
TOUNTY Sup 271/50	NUMBER (GAPPLICABLE)	BALLOT NO. OR LETTER JURISDICTION		SUPPORT
RESIDENTIAL BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	STATE ZIP	Identify the controlling officeholder, can	ing officeholder, candidate, of the measure proponent, if any.	ponent, if any.
Related Committees Not Included in this Statement: List any committees	ement: listany committees	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	PONENT	
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.	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?	which this committee is primarily formed.	is primarily formed.	didate(s) for
MITTEE ADDRESS (NO F		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY SIAIR ZIP CODE	DE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
	TO ROBBELLY	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	A YES NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	DE AREA CODE/PHONE	Attach continuation	Attach continuation sheets if necessary	

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

from _ Statement covers period 07/01/14 12/31/14 W SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded Type or print in ink.

to whole dollars.

Statement covers

period

hrough 6 3 15 14 Page _

I.D. NUMBER 9

esus errazas 30281

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. member communications

civic donations campaign consultants contribution (explain nonmonetary)* fundraising events candidate filing/ballot fees meetings and appearances petition circulating office expenses phone banks

independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services polling and survey research

무단물장관

campaign literature and mailings

print ads

professional services (legal, accounting)

legal defense

S388

radio airtime and production costs returned contributions

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

ᅜᅜ transfer between committees of the same candidate/sponsor staff/spouse travel, lodgirlg, and meals

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

Schedule E Summary

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

FPPC Form 460 (June/01)

10

FPPC Toll-Free Helpline: 866/ASK-FPPC

FPPC Form 460 (January/05)	te Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	By 	Date
	te Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	9 9	Executed on
	State Measure Proponent or Responsible Officer of Sponsor	Molphy Officeholder, Carphidate, State Measure Prop	Signature of Coy	Executed on 7/50/15
s is true and complete. I centry	min the attached schedules is the and complete. I centry	Manual Manina to the second se	ornia that the foregoing is true and correct. By	under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 1130 1305 Executed on 1130 1305
			king this statement and to the best of my know	Verification I have used all reasonable dilinence in preparing and review
AREA CODE/PHONE	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS	2244 AREA CODE/PHONE	TVO CA STATE ZI
		MAILING ADDRESS	O. BÓX	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX $POB_{OX} = 2/23$
	ER, IF ANY	NAME OF ASSISTANT TREASURER, IF ANY	21P CODE AREA CODE/PHONE 92243 (760) 604-3863	CITY El Centro Ca 92
3 (760) 353 - 0234	\square	Cent		oress (NO P.O. BOX) H Desart Gardons
	ss Ave	MAILING ADDRESS		Supervisor
	Aumenta	/ C/C	Terrazas	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) (Ormmittee to 8/ect Jack
		Treasurer(s)	1.D. NUMBER 1302812	3. Committee Information
			Primarily Formed Candidate/ Officeholder Committee (Also Complete Parl 7)	Sponsored Small Contributor Committee Political Party/Central Committee
Supplemental Preelection Statement - Attach Form 495	ation)	-	Controlled Sponsored (Also Complete Part 6)	(Also Complete Part 5) General Purpose Committee
Quarterly Statement	Cuarter	∠. Iype of Statement: □ Preelection Statement ☒ Semi-annual Statement	 Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee 	 1. Type of Recipient Committee: All Committees - M. Officeholder, Candidate Controlled Committee State Candidate Election Committee
	REGISTRAR OF VOTERS		through 06	E INSTRUCTIONS ON REVERSE
or Official Use On	JUL 3 1 2015	(Month, Day, Year)	from 01/01/15	
Page of 5	RECEVES			(Government Code Sections 84200-84216.5)
CALIFORNIA 460	Date Stamp	ink.	Type or print in ink.	Can\paign Statement Cover Page

FPPC Toll-Free Helpline: 866/ASK-FPPC (886/275-3772)
State of California

GEVIEW

REGISTRAR OF VOTER: MPERTIL COUNTY JUL 3 I 2015

> CALIFORNIA FORM COVER PAGE - PART 2

Campaign Statement Cover Page — Part 2

Officeholder or Candidate Controlled Committee NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICE OR CANDIDATE "Jack" (EVV 03205) OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) TIMP EVICE COUNTY STATE RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE		6. Primarily Formed Ballot Measure Committee NAME OF BALLOT MEASURE BALLOT NO. OR LETTER JURISDICTION Identify the controlling officeholder, candidate, or st	ommittee	of SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 144 Desart Cardans Dr. El Cantro Ca 9:2243 Related Committees Not Included in this Statement: List any committees	NTYO CA 4.2243 tement: List any committees	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	idate, or state measure prop	onent, if an
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.	or are primarily formed to receive	OFFICE SOUGHT OR HELD	DISTRICT NO, IF ANY	47
NAME OF TREASURER	EE?	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	holder Committee List na	ames of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	1	NAME OF ORFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
STATE	ZIR CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE MANAGE	LD. NOTABLEX	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	□ YES □ NO □ YES □ NO	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
9 20 20 20 20 20 20 20 20 20 20 20 20 20	8			

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach continuation sheets if necessary

Summary Page Campaign Disclosure Statement

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

CALIFORNIA FOR S

SUMMARY PAGE

Statement covers period

	JUI 3 1	31 2045 from 01/01/15	4	FORM TOO
NAME OF FILER Jesus "Jack" Terrazas	IMP or REGISTR	IMPERIAL COUNTY REGISTRAR OF VOTERS		1302812
Contributions Received	Column A TOTALTHIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidates Running in Both the State Primary and	mary for Candidates State Primary and
1. Monetary Contributions Schedule A, Line 3	\$ 249.00 \$		General Elections	
2. Loans Received Schedule B, Line 3			1/1 th	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 \$	\$ 249.00 \$		20. Contributions	en.
4. Nonmonetary Contributions Schedule C, Line 3			21 Eypandiburas	

€9	220,00	GA	10. Nonmonetary Adjustment	
	7		9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	
€9	220.0	G	8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	
			7. Loans Made Schedule H, Line 3	
မာ	120,-	69	6. Payments Made Schedule E, Line 4	
	3		Expenditures Made	

Ò 4 μ $\dot{\mathbb{N}}$

TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4

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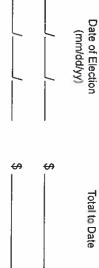
GA

Made

Expenditure Limit Summary for State

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

10	18	10
↔	€9	69



Current Cash Statement

14. Miscellaneous Increases to Cash 13. Cash Receipts Column A, Line 3 above 12. Beginning Cash Balance Previous Summary Page, Line 16 Schedule I, Line 4

69

- 15. Cash Payments Column A, Line 8 above
- 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

19. Outstanding Debts 18. Cash Equivalents..... Add Line 2 + Line 9 in Column B above See instructions on reverse

43 ↔

> 738 26 249.00 767,26 220,8 any). subtracted from previous from Lines 2, 7, and 9 (if carry over the amounts for this calendar year, only amounts in Column A to the To calculate Column B, add the first report being filed period amounts. If this is Column A may be negative report. Some amounts in corresponding amounts figures that should be from Column B of your last

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

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

Monetary Contributions Received Schedule A

SEE INSTRUCTIONS ON REVERSE

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

RECEIVED

through 6/30/15	from 01/01/15	Statement covers period
Page 4	CALIFORI FORM	

SCHEDULE A

こりいとのこ	D. NUMBER	(age 4 of 5
	į		S

					1/05/15	DATE	NAME OF FILER
					Chun-Nan "James" Lo 1510 Melania LIP Arcadia, Ca 91007	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID, NUMBER)	lesus "Jack" terrasas
	ODDOTH SCC	SCC	ODD ON O	OTH SCC	SCC STATE	CONTRIBUTOR CODE *	
SUBTOTAL\$				¥	salf amployed Pacific Land International	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	INTEGRAL COUNTY
	c				249.00	AMOUNT RECEIVED THIS PERIOD	
					50000	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC. 31)	1.D. NI 1.3
						PER ELECTION TO DATE (IF REQUIRED)	1302812

Schedule A Summary

٥		
	(Include all Schedule A subtotals.)\$	 Amount received this period – itemized monetary contributions.
•	€9	

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

24900

*Contributor Codes

IND - Individual COM - Recipient Committee

500 475

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Susar

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

RECEIVED from O

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Statement covers period 1301 5 15 Page _ 1302812

CALIFORNIA D. NUMBER 으 4

SCHEDULEE

1 errazas

ALNOO TYREBAN

3 1 2015

through

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

contribution (explain nonmonetary)* campaign paraphernalia/misc campaign consultants 필용종 office expenses member communications meetings and appearances

공 petition circulating phone banks

늗 88

> candidate filing/ballot fees fundraising events

civic donations

E

legal defense

independent expenditure supporting/opposing others (explain)*

campaign literature and mailings

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

print ads

SA PA campaign workers' salaries returned contributions radio airtime and production costs

둳 candidate travel, lodging, and meals t.v. or cable airtime and production costs

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

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

SUBTOTAL\$ 22000		arized on Sc	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
120,00	Donation	Cve	Sure Helpline Crisis Canter 210 Wake Aug El Cantro, Co. 92243
50.00	Donation	OVC	Salvation Army 375 No. 5th St El Centro, Ca. 92243
50.00	Annual Fee	Ĝi	Secretary of State State of California
AMOUNT PAID	R DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER LD. NUMBER)

Schedule E Summary

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

TOTAL \$

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00

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Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from $\frac{\partial 7}{\partial I} / \frac{1}{I} = \frac{1}{I}$	Date of election if applicable: (Month, Day, Year)	<u>জ</u>	Page of For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/15	ה	RECISTRAR 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 O State Candidate Election Committee O Recall [Also Complete Part 5]	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Pert 6)	☐ Preelection Statement ☑ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination)	ation)	Quarterly Statement Special Odd-Year Report
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Amendment (Explain below)	low)	
3. Committee Information	1.D. NUMBER 30 28/2	Treasurer(s)		
NO COMMITTEE	lack lerrages	NAME OF TREASURER	Armenta	
Topes 1100.		1740 Ross	ss Ave.	
1744 Desart Gara	lens Dr.	CITY El Cantro	Ca. 92243	3 (760) 353-0234
1 Centro Ca	92243 (760) 604-3863	NAME OF ASSISTANT TREASURER, IF ANY	t, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX $\frac{1}{1000} \frac{1}{1000} \frac{1}{1$		MAILING ADDRESS	,	
ADDRESS	ZIP CODE ランユル片 AREA CODE/PHONE	OPTIONAL FAX / E-MAIL ADDRESS	STATE ZIP CODE	AREA CODE/PHONE
1. 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 gerlify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	wing this statement and to the best of my kr of California that the foregoing is true and o	cnowledge the information contained correct.	herein and in the attached sched	lules is true and complete. I
Executed on /25 2016	By Signature of Control	Signalus of Treasurer of Office policy Canadala, State M	Assistent Treasurer Responsible Officer of Sponsor	
Executed on Date		Signature of Controlling Officeholder, Candidate, State Measure Proponent	ate Measure Proponent	1
Executed onDate	BySig	Signature of Controlling Officeholder, Candidate, State Measure Proporent	ate Measure Proposent	

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Amounts may be rounded to whole dollars.

	through 12/31 15	Statement covers period from $0.7/0 1.5$	
1302812	Page 3 of 4	CALIFORNIA 460	SUMMARY PAGE

120 1 1990 Advice: advice@frace on 1990 1990 1997 20		
*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).	ng Cash ng Cash ng Cash naneous II naneous II ayments cash BA cash BA cash BA culvale quivaler
7		Current Cash Statement
Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$	\$ 570-	Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment Schedule F, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 350 09 350 09
21. Expenditures Made \$ \$	\$ 249	4. Nonmonetary Contributions
20. Contributions Received \$ \$	\$ 249-	3. SUBTOTAL CASH CONTRIBUTIONS
General Elections 1/1 through 6/30 7/1 to Date	\$ 749-	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 (FROM ATTACHED SCHEDULES)
1.D. NUMBER 1302812		NAME OF FILER 19 Tack" (Exrazas
- age X - 01 - 1	through	SEE INSTRUCTIONS ON REVERSE

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Schedule E Payments Made

NAME OF FILER

Jesus

crrazas

Amounts may be rounded to whole dollars.

through 12/31 Statement covers period 07/01/15 CALIFORNIA , Page ___ I.D. NUMBER 1302812 of 4

SCHEDULE

Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	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.	Secretary of State State of California Fil	Mariachi Mixtreo POBORD THEBER CA GERYS CVE	MAN.A. 740 Ross Av El Centro, Ce 92243 PAT	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings CMBR member communications MBR member communications AFD office expenses PET petition circulating PHO phone banks POL polling and survey research TRS
mmary Page, Column A, Line 6.)TOTAL \$		9	49		SUBTOTAL \$	Annual Fee	10 Donation of Music to a civic event.	T Advertisement on program	OR DESCRIPTION OF PAYMENT	venter the code. 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 ressenger services TRS staff/spouse travel, lodging, and meals ressenger services TRS transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)
35000	1	•	32000		35000	50≈	20000	00 /00	AMOUNT PAID	s ne candidate/sponsor mail)

Campaign Statement Cover Page **Recipient Committee**

Date Stamp COVER PAGE

Statement covers period Type of Recipient Committee: All committees
--

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 . Executed on Executed on Executed on . Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent ale. State Measure Proponent or Responsible Officer of Sponsor

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	COMMITTEE ADDRESS	NAME OF T	contributions or m	Related	PESIDENT	OFFICE SC	ZŽŽŽŽ	5. Officeh	
	ADDRESS	REASURER	NAME	EADDRESS	NAME OF TREASURER	ns or make exp	Committees	AL/BUSINESS AD	mpayia,	MAMIE OF OFFICEROUDER OR CANDIDATE	older or Can	
	STREET ADDRI		/	STREET ADOR		contributions or make expenditures on behalf of your candidacy. COMMITTEE NAME.	Related Committees Not Included in this Statement: List any committees	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	Topper at County Supervisor, Dist. 2	Jack	5. Officeholder or Candidate Controlled Committee	
	STREET ADDRESS (NO P.O. BOX)			STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE		oned by you or a lif of your candid	in this State	STREET) CIT	NAND DISTRICT	h"	olled Commit	
	□\ves □	CONTROLLED COMMITTEE?	NUMBER		00	lacy.	ment: List an	Canto C	PEYUSOY	errazas	tee	
	NO !	MMITTEE		AREA CODE/PHONE	OMMITTEE?	d to receive	committees	C 9224)); }			
	NAME:	N N	N A	NAME	7. Prin	1 5				ı NAME	6. Prin	
	OF OFFICEHOLD	OF OFFICEROEL	OF OFFICEHOLD	OF OFFICEHOLD	narily Forme	OFFICE SOUGHT OR H	OF OXFICEHOL	Identify the controlli	BALLOT NO. OR LETTER	NAME OF BALLOT MEASURE	narily Forme	
	NAME OF OFFICEHOLDER OR CANDIDATE	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		NAME OF ONFICEHOLDER, CANDIDATE, OR PROPONENT	ng officeholder, candidate, or state measure proponent, if any.		SURE	Primarily Formed Ballot Measure Committee				
					Officehold		OR PROPONET	candidate, o	JURISDICTION		sure Comn	
	OFFICE SOUGHT OR HELD	er Committ	DISTRI	=	state measu			nittee	Page _			
	Æ	O D	- C	HELD HELD	tee Listnar ly formed.	DISTRICT NO. TF ANY	/	re proponer	OP)
ĺ	SUPPORT	SUPPORT OPPOSE	SUPPORT	SUPPORT	nes of			t, if an	SUPPORT OPPOSE			º

Amounts may be rounded to whole dollars.

Statement covers period

SUMMARY PAGE

FPPC Form 460 (Jan/20) FPPC Advice: advice@fppc.ca,gov (866/275-37)			
		S Add Line 2 + Line 9 in Column B above	<u></u>
	-	18. Cash Equivalents	_ 4
	filed for this calendar year, only carry over the amounts from lines 2.7 and 6 ff	RECEIVED	ગ ⊸
	previous period amounts. If this is the first report being	If this is a termination statement, Line 16 must be zero.	1
	be negative figures that	16. ENDING CASH BALANCE	_
reported in Column B.	of your last report. Some	Column A, Line 8 above 330:	_
*Amounts in this section may be different from amounts	A to the corresponding	14. Miscellaneous Increases to Cash Schedule I, Line 4	<u> </u>
	To calculate Column B,	Beginning Cash Balance Previous Summary Page, Line 16 \$	ـ ـ
4		Current Cash Statement	0
\$	€	11. TOTAL EXPENDITURES MADEAdd Lines 8+9+10 \$ 330.00	1 -
		10. Nonmonetary AdjustmentSchedule C, Line 3	
Date of Election Total to Date		Accrued Expenses (Unpaid Bills)Schedule F, Line 3	ထ
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	49	SUBTOTAL CASH PAYMENTS Add Lines 6+	œ
Calluluates		Loans MadeSchedule H Line 3	7
Expenditure Limit Summary for State	.	Expenditures Made 6. Payments Made Schedule E. Line 4 S 330 S	o m
	89	TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3+4 \$ 250 0000	5
res		. Nonmonetary Contributions Schedule C, Line 3	4
20. Contributions Received \$ \$	φ	SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+	င္ပ
1/1 through 6/30 7/1 to Date		Loans ReceivedSchedule B. Line 3	2
General Elections	#	Monetary Contributions School & Line 3 \$ 250 00	<u></u>
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Contributions Received Contributions Received Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	
1302812		Jesus Jack Terrazas	
I.D. NUMBER		NAME OF FILER	7
06/30/16 Page 3 of 5	through 06/	SEE INSTRUCTIONS ON REVERSE	co
1/01/16 FORM 40	from O1		

Schedule A **Monetary Contributions Received**

Amounts

hole dollars.	may be rounded

Statement covers period

SCHEDULE A

*Opplish to Tollon	(Code	2007	30010171		A Summary	Schedule A
		3	SHATOTALIS			
				OTH SCC		
				□ IND □ COM □ PTY □ SCC		
				DDDDD SCOM SCOM SCOM SCOM SCOM SCOM SCOM SCOM	19	
				SCC PTY TOOM D		
1	250 m	2500		SCC	Sempra Energy 101 Ash Sty San Diego Ca 92101	2/23
D DATE PER ELECTION TO DATE TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	DATE RECEIVED
1302812				razas	Jesus "Jack" Ter	את סיי דורוד א
Page of	130/16	through Ob/2			SEE INSTRUCTIONS ON REVERSE	SEE INSTRUCTIO
CALIFORNIA Z	6	from 01 b(16				The second secon

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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

3. Total monetary contributions received this period.

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

250

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

(Include all Schedule A subtotals.)\$

Amount received this period – itemized monetary contributions.

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NAME OF FILER

10Sax

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period

through

6

CALIFORNIA FORM

SCHEDULE

Page _ I.D. NUMBER

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3028(2

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

ELCAC CAR CNS campaign paraphernalia/misc. campaign consultants M G MBR member communications radio airtime and production costs

office expenses meetings and appearances

뫈 PET PET petition circulating phone banks

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

print ads

N N

civic donations

candidate filing/ballot fees fundraising events

contribution (explain nonmonetary)*

campaign literature and mailings

legal defense

independent expenditure supporting/opposing others (explain)

returned contributions

campaign workers' salaries

정편 candidate travel, lodging, and meals t.v. or cable airtime and production costs

TSF staff/spouse travel, lodging, and meals

S voter registration transfer between committees of the same candidate/sponsor

information technology costs (internet, e-mail)

Sure Holp Line Crisis 310 Wake Ar. a 92243	SSI wake Av	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
eve	ave	CODE
Donation for a Statue to curored a recipient.	Donation of food cost for a samor group function	OR DESCRIPTION OF PAYMENT
80 00	25000	AMOUNT PAID

Schedule E Summary

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

SUBTOTAL \$

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

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