4,												္ပ	ı					٠.	SE		ဂ္ဂဂ္ဂဘ
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.		OPTIONAL: FAX / E-MAIL ADDRESS		CITY STATE TIPE	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	<b>~</b>	OLI STALE SINCE OOD STALE SINCE OOD	PROPOSED (NO POLBOX)	PRIDET ADDRESS NO DO SON		Viegas-Walker for Supervisor 2016	Committee Information	O Political Party/Central Committee	Small Contributor Committee	General Purpose Committee	(Also Complete Part 5)	State Candidate Election Committee     Recall	Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	SEE INSTRUCTIONS ON REVERSE		Recipient Committee Campaign Statement Cover Page
wing this of Californ			VII. 0000		Î	43	ZIP CODE					Not Yet F	(Also Complete Part /)	Officeho	D Times	(Also Complete Part 6)	Committee  Control	Complete	thro	from	
statement and to the best of my kn nia that the foregoing is true and co			ARRA COODET DONE			(760) 332-9832	AREA CODE/PHONE					D. NUMBER Not Yet Received	late Par ()	Officeholder Committee	h Formed Candidate	onsored	Primarily Formed Ballot Measure Committee Controlled	Parts 1, 2, 3, and 4.	through 4/23/16	Statement covers period n 1/1/16	
nowledge the information contained h		OPTIONAL FAX / F. MAII ADDRESS		666 Sandalwood Drive	MAILING ADDRESS	Cheryl Walker	El Centro	CITY	2251 Heii	Debra Driskill	NAME OF TREASURER	Treasurer(s)			Amendment (Explain below)	(Also file a Form 410 Termination)	Semi-annual Statement  Termination Statement	2. Type of Statement:	6/7/16	Date of election if applicable: (Month, Day, Year)	
rerein and	•					, AM	IE ANIV								low)	rmination)			REC	22	
in the attac		CA	STATE				CA	STATE											SISTRAR	APR 2 6 2016	Date Stamp RECE/VED
ched sched		92243	ZIP CODE				92243	ZIP CODE									☐ Quarte		RÉGISTRAR OF VOTIERS	3 2016	NED
Tules is true and complete. I		(760) 332-9832					(760) 791-2243	E AREA CODE/PHONE									Quarterly Statement Special Odd-Year Report		R <sub>O</sub>	For Official Use Only	IFORNIA Z

Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent

indidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_

Date

Date

Executed on

4/26/16

Executed on.

4/26/16

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



	Attach continuation sheets if necessary	Attach continuation	STATE ZIP CODE AREA CODE/PHONE	СПҮ
				NOVSAFF
OPPOSE			STREET ADDRESS (NO P.O. BOX)	OMMITTEE ADDRESS
SUPPORT	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	C	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF TREASURE
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD			COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		STREET ADDRESS (NO PO BOX)	COMMITTEE ADDRESS
ames of	holder Committee List no	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?	NAME OF TREASURER
			I.D. NUMBER	COMMITTEE NAME
NY .	DISTRICT NO. IF ANY	OFFICE SOUGHT OR HELD	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Commit not included in this si contributions or make
:	PONENT	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Li Collino	
ent, if any.	ite, or state measure propone	Identify the controlling officeholder, candidate, or state measure proponent, if any.	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	RESIDENTIAL/BUSINESS ADDI
OPPOSE			  mperial County Board of Supervisors, District 2	Imperial County E
SUPPORT		BALLOT NO. OR LETTER JURISDICTION	Cheryl Viegas-Walker OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	Cheryl Viegas-Walker
		NAME OF BALLOT MEASURE	DER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	ommittee	6. Primarily Formed Ballot Measure Committee	Officeholder or Candidate Controlled Committee	5. Officeholder or 0
9	7496			

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

through\_ from\_ Statement covers period 1/1/16 4/23/16 Page \_\_ I.D. NUMBER ω SUMMARY PAGE 읔 00

FPPC Form 460 (Jan/201) FPPC Advice: advice@fppc.ca.gov (866/275-377)		\$ 0.00	19. Outstanding Debts
		\$ 0.00	-
	filed for this calendar year, only carry over the amounts	\$ 0.00	17. LOAN GUARANTEES RECEIVED Scriedule B, Part 2
	be negative figures that should be subtracted from previous period amounts. If	\$ 669.00	16. ENDING CASH BALANCE
*Amounts in this section may be different from amounts reported in Column B.	add amounts in Column A to the corresponding amounts from Column B of your last report. Some	1,280.00	13. Cash Receipts
\$	To calculate Column B.	\$ 0.00	
\$	\$ 1,280.00	\$ 1,280.00	11. TOTAL EXPENDITURES MADE
Date of Election Total to Date (mm/dd/yy)	0.00	0.00	10. Nonmonetary Adjustment
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$ 1,280.00	\$1,280.00	
	0.00		Eoans Made
Expenditure Limit Summary for State	s 1,280.00	\$ 1,280.00	Expenditures Made  6. Payments Made Schedule E. Line 4
Made \$\$	\$ 2,196.00	\$ 2,196.00	ECEIVED
	\$ 1,949.00 247.00	\$ 1,949.00 247.00	SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date			
General Elections	1,949.00	\$ 1,949.00	1. Monetary Contributions Schedule A Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
Not Yet Received			Viegas-Walker for Supervisor 2016

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

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

NAME OF FILER

Viegas-Walker for Supervisor 2016

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

from. through Statement covers period 1/1/16 4/23/16 Not Yet Received CALIFORNIA 460 Page \_ I.D. NUMBER 4 앜 SCHEDULE A 00

Schedule.  1. Amount re (Include al		4/10/16	4/10/16	4/10/16	4/10/16	4/10/16	PATE
Schedule A Summary  1. Amount received this period itemized monetary contributions.  (Include all Schedule A subtotals.)		Jonathan Finnell 202 Glenwood Drive El Centro, CA 92243	Jim Graham 1754 Sandalwood Drive El Centro, CA 92243	F. King Kimball 1236 Pepper Drive El Centro, CA 92243	Robert Duncan 327 Glenwood Drive El Centro, CA 92243	Efrain Silva 2925 Wensley Avenue El Centro, CA 92243	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)
		DOTH SCC	MIND COM	SCC	NO COM	NIND COM OTH SCC	CONTRIBUTOR CODE *
<b>⇔</b>	\$UBTOTAL	Educator, Imperial County Office of Education	None	None	None	Educator, Imperial Valley College	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
1,750.00	750.00	200.00	100.00	250.00	100.00	100.00	AMOUNT RECEIVED THIS PERIOD
*Contributor Codes IND - Individual COM - Recipient C		200.00	100.00	250.00	100.00	100.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
*Contributor Codes IND – Individual COM – Recipient Committee							PER ELECTION TODATE (IF REQUIRED)

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

1,949.00

ယ

Total monetary contributions received this period.

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

(Include all Schedule A subtotals.)

\$

1,750.00 199.00

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

PTY - Political Party

SCC - Small Contributor Committee

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

## **Monetary Contributions Received** Schedule A (Continuation Sheet)

NAME OF FILER

Viegas-Walker for Supervisor 2016

Amounts may be rounded to whole dollars.

through Statement covers period 1/1/16 4/23/16 CALIFORNIA FORM ' Page \_\_ 5 SCHEDULE A (CONT.) <u>o</u> B

Not Yet Received

I.D. NUMBER

from.

			4	4	4	77
			4/12/16	4/10/16	4/10/16	DATE
			Terri Rogers 2361 Hwy 86 Imperial, CA 92251	Barbara Howington 2564 Sandalwood Drive El Centro, CA 92243	Joan Tyler 744 Sandalwood Drive El Centro, CA 92243	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	SCC PTY H MO	DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	ODD OTH SCC	DOTH SCC	COM DOTH SCC	CONTRIBUTOR CODE *
SUBTOTAL \$			Business Owner	Teacher	Counselor, Joan Tyler, MFT	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
1,000.00			200.00	550.00	250.00	AMOUNT RECEIVED THIS PERIOD
			200.00	550.00	250.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
						PER ELECTION TO DATE (IF REQUIRED)

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

## Schedule C **Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

Statement covers period

from

1/1/16

SCHEDULE C **460** 

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tal nor	nount i	nount i	edule	ch add				4/10/16	DATE RECEIVED	gas-W	NAME OF FILER	ISTRUCT
Total nonmonetary contributions received this period.  (Add ) ines 1 and 2 Enter here and on the Summary Book	Amount received this period - unitemized nonmonetary contributions of less than \$100	Amount received this period – itemized nonmonetary contributions (include all Schedule C subtotals.)	Schedule C Summary	Attach additional information on appropriately labeled continuation sheets				Steven Walker 666 Sandalwood Drive El Centro, CA 92243	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	Viegas-Walker for Supervisor 2016	ند	SEE INSTRUCTIONS ON REVERSE
Dane	netary contributi	tary contribution		ed continuation	OSCC	SCC OTH SCC	□ IND □ COM □ PTY SCC	DOTH SCC	CONTRIBUTOR CODE *			
	ons of less than \$100	Ģ.		sheets.				Attorney, Walker & Driskill, PLC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			
	€5			SUBTOTAL \$				Food for fundraiser	DESCRIPTION OF GOODS OR SERVICES			
•		<b>€</b>		TAL \$					CES			through
2	0.00	247.00		247.00				247.00	AMOUNT/ FAIR MARKET VALUE			h 4/23/16
SCO	!   우	S S S							COMUL D CALEND (JAN 1.			6
PTY - Political Party SCC - Small Contrib	other tha	"Contributor Codes IND – Individual COM – Recipient Committee						247.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	Not Yet I	I.D. NUMBER	Page
PTY – Political Party SCC – Small Contributor Committee	OTH - Other (e.g., business entity)	es Committee							PER ELECTION TO DATE (IF REQUIRED)	Not Yet Received	IR	

FPPC Advice: advice@fppc.ca.gov (866/275-3772) FPPC Form 460 (Jan/2016) 247.00

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

#### Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period

trom 1/1/16 4/23/16

through

CALIFORNIA FORM SCHEDULE

Page \_ I.D. NUMBER 7 으 ထ

COPES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment Viegas-Walker for Supervisor 2016 Not Yet Received

CVC CMP 317 Heffernan Avenue El Centro, CA 92243 County of Imperial Elections Department 940 W. Main Street El Centro, CA 92243 940 W. Main Street F F Calexico, CA 92231 County of Imperial Elections Department \* Payments that are contributions or independent expenditures must also be summarized on Schedule D All Sports International 8 campaign paraphernalia/misc. candidate filing/ballot fees civic donations contribution (explain nonmonetary) campaign consultants campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain)\* fundraising events NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) POS PRO OFC. POL PHO PET MTG MBR member communications professional services (legal, accounting) petition circulating office expenses meetings and appearances print ads polling and survey research phone banks postage, delivery and messenger services CODE SMP 7 유 Candidate Filing Candidate Statement Banners DESCRIPTION OF PAYMENT TR TE SA S ൂ 쮼 information technology costs (internet, e-mail voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs campaign workers' salaries returned contributions radio airtime and production costs SUBTOTAL \$ AMOUNT PAID ,045.00 537.00 208.00 300.00

## Schedule E Summary

4 ω 2. Unitemized payments made this period of under \$100... 1. Itemized payments made this period. (Include all Schedule E subtotals.) 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 \$ S 69 69 ,280.00 ,280.00 0.00 0.00

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

## Schedule E (Continuation Payments Ma

Amounts may be rounded

SCHEDULE E (CONT.)

235.00	\$UBTOTAL		dule D.	าบst also be summarized on Sche	Payments that are contributions or independent expenditures must also be summarized on Schedule D.
					***************************************
235.00		Envelopes	CMP		Imperial Printers 430 Main Street El Centro, CA 92243
AMOUNT PAID	DESCRIPTION OF PAYMENT		CODE OR		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
e candidate/sponsor	describe the payment.  radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)	code. Otherwise, RAD RFD SAL TEL TRC TRS TRS Pervices TSF NOT WEB	ayment, you may enter the code member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting) print ads	cribes the p  MBR MTG OFC PET PHO POL POS PRO PRO PRO	CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CVC contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LTT campaign literature and mailings
Received	Not Yet Received				Viegas-Walker for Supervisor 2016
3ER	I.D. NUMBER				NAME OF FILER
8 of 8	ıgh 4/23/16 Page_	through			SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460	tatement covers period 1/1/16	from.	ollars.	to whole dollars.	(Continuation Sheet) Payments Made

	100	2. Type of Statement:	mplete Parts 1, 2, 3, and 4.	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
		6/7/16	through 5/21/16	SEE INSTRUCTIONS ON REVERSE
	CHARCHAC GREENS DEN	De.		
For Official Use Only	ALMCCOT/ABELINE	(Month, Day, Year)	from 4/24/16	
rage	MAI & 0 ZOIB	Date of election if applicable:	Statement covers period	
. 0	MAY 9 & BRIE			
FORM	PECENED			Cover Page
CALLEORNIA / CO	Date Stamp		*)	Zecip. Lit Committee
COVER PAGE				

			The second secon				-	
٠.	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	s - Comple	te Parts 1, 2, 3, and 4.	2. Type of Statement:				
쮙	Officeholder, Candidate Controlled Committee     ○ State Candidate Election Committee     ○ Recall     (Also Complete Part 5)	Prima	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Bad 51	Preelection Statement  Semi-annual Statement  Termination Statement (Also file a Form 410 Termination)	mination)		Quarter	Quarterly Statement Special Odd-Year Report
П	General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Prima Office (Also Co	(Aso Compare Parts) Primarily Formed Candidate/ Officeholder Committee (Aso Compare Part 7)	Amendment (Explain below)	low)			
.3	3. Committee Information	1.D. NUMBER 1385341	NUMBER 385341	Treasurer(s)				
٥ سـ	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Viegas-Walker for Supervisor 2016	EE)		NAME OF TREASURER  Debra Driskill				
				MAILING ADDRESS				
ŧ			3	2251 Heil				
co	STREET ADDRESS (NO PO. BOX)			CITY		STATE	ZIP CODE	AREA CODE/PHONE
ΙŒ	Sandalwood Drive			El Centro		CA	92243	(760) 791-2243
O	CITY STATE	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	IF ANY			
1 177	El Centro CA	92243	(760) 332-9832	Cheryl Walker				
₹	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	ВОХ		MAILING ADDRESS				
ıl				666 Sandalwood Drive				
c	CHY	ZIP CODE	AREA CODE/PHONE	i (17)		m	ZIP CODE	
OI	OPTIONAL: FAX / E-MAIL ADDRESS			CETTONAL FAX / E. MAII ADDRESS		C A	92243	(760) 332-9832
				OF LONAL: FAX / E-MAIL ADDRESS	0.			

#### Verification

cherylviegaswalker@gmail.com

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 Date	Executed on	Executed on 5/26/16
BySignature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Missaure Proponent or Responsible Officer of Sponsor	By Signature of Treasurer of Assistant Treasurer

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

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	Z	R PAGE
0	60	COVER PAGE - PART 2
		10

	Attach continuation sheets if necessary	ch continuatio	Attac	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY
HELD SUPPOR	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	☐ YES ☐ NO	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
HELD SUPPORT	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		NAME OF TREASURER
HELD SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	I.D. NUMBER	1.0	COMMITTEE NAME
HELD SUPPOR	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE		STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
30 List names of formed.	eholder Committe	lidate/Office for which this c	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?		NAME OF TREASURER
				I.D. NUMBER		COMMITTEE NAME
DISTRICT NO. IF ANY	DISTRIC		OFFICE SOUGHT OR HELD	tement: List any committees are primarily formed to receive lidacy.	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committ not included in this stacontributions or make
	DPONENT	DIDATE, OR PRO	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	O CA 92243	Drive El Centro	666 Sandalwood Drive
e proponent, if any.	late, or state measure	holder, candid	Identify the controlling officeholder, candidate, or state measure proponent, if any.	TY S	RESS (NO. AND STREET)	RESIDENTIAL/BUSINES
SUPPORT OPPOSE	Ž	JURISDICTION	BALLOT NO. OR LETTER	T NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Imperial County Board of Supervisors, District 2	OFFICE SOUGHT OR HE Imperial County B
			NAME OF BALLOT MEASURE		DER OR CANDIDATE alker	NAME OF OFFICEHOLDER OR CANDIDATE Cheryl Viegas-Walker
	Committee	t Measure C	6. Primarily Formed Ballot Measure Committee		Officeholder or Candidate Controlled Committee	5. Officeholder or C
of 9	Page					

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

from.

Statement covers period 4/24/16 SUMMARY PAGE CALIFORNIA 460

FPPC Advice: advice@fppc.ca.gov (866/275-3)			
FPPC Form 460 (Jan/20		\$ 0.00	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any).	\$ 0.00	Cash Equivalents and Outstanding Debts  18. Cash Equivalents
	filed for this calendar year, only carry over the amounts	\$ 0.00	
		\$ 6,939.00	16. ENDING CASH BALANCEAdd Lines #2 + 13 + 14, then subtract Line 15  If this is a termination statement, Line 16 must be zero.
*Amounts in this section may be different from amounts reported in Column B.	A to the corresponding amounts from Column B of your last report. Some	0.00 8,393,00	14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above
	To calculate Column B, add amounts in Column	\$ 669.00	12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above
\$			Current Cash Statement
\$	\$ 9,673.00	\$ 8,393.00	11. TOTAL EXPENDITURES MADE
Date of Election Total to Date (mm/dd/yy)	0.00	0.00	9. Accrued Expenses (Unpaid Bills)
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$ 9,673.00	\$ 8,393.00	SUBTOTAL CASH PAYMENTS
Expenditure Limit Summary for State Candidates	\$ 9,673.00	\$8,393.00 0.00	
			Typondifilings Made
21. Expenditures  Made \$\$	\$ 16,612.00	\$ 14,663.00	4. Nonmonetary Contributions
20, Contributions Received \$\$	\$ 16,612.00	\$ 14,663.00	SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date	0.00	0.00	1. Monetary Contributions Schedule A, Line 3 2. Loans Received
General Elections			
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A  TOTAL THIS PERIOD  (FROM ATTACHED SCHEDULES)	Contributions Received
1385341			Viegas-Walker for Supervisor 2016
1.D. NUMBER			NAME OF FILER
5/21/16 Page 3 of 9	through_		SEE INSTRUCTIONS ON REVERSE

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

Amounts may be rounded to whole dollars.

from\_

4/24/16

5/21/16

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9

Statement covers period

SCHEDULE /

SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through5/2	5/21/16	Page 4 of 9
NAME OF FILER	ME OF FILER					I.D. NUMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION AR TO DATE AR (IF REQUIRED)
4/25/16	Town Center Village, LLC 9680 Flair Drive El Monte, CA 91731	SCC		500.00	500.00	ŏ
4/25/16	Aggregate Products Inc. 9500 Beverly Road Pico Rivera, CA 90660-2135	SCC SCC		4,000.00	4,000.00	)0
4/26/16	CR&R Incorporated 11292 Western Avenue Stanton, CA 90680	OCC		2,000.00	2,000.00	ŏ
4/27/16	Imperial Vegetable Seeds, Inc. 1101 S. McCullom El Centro, CA 92243	OND		250.00	250.00	ŏ
4/27/16	Dennis H. Morita 3205 S. Dogwood Road, Suite B El Centro, CA 92243	D SCC	Attorney Dennis H. Morita, APL	250.00	250.00	ŏ
			\$ SUBTOTAL	7,000.00		
Schedule A Summary	Summary	:			*Contri	*Contributor Codes

(Include all Schedule A subtotals.)	<ol> <li>Amount received this period – itemized monetary contributions.</li> </ol>
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ယ 2. Amount received this period – unitemized monetary contributions of less than \$100 ......\$

SCC - Small Contributor Committee

PTY - Political Party

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

14,663.00

1,063.00 13,600.00

\*Contributor Codes

IND - Individual

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

NAME OF FILER

Amounts may be rounded to whole dollars.

from. through Statement covers period 4/24/16 5/21/16 Page \_\_ 1385341 I.D. NUMBER SCHEDULE A (CON Ç <u>e</u>

	5/02/16	4/28/16	4/28/16	4/27/16	4/27/16	DATE RECEIVED	Viegas-Wall
	Erich R. Haas 331 E. Ross Road El Centro, CA 92243	Vince Signorotti 12606 Camino Emparrado San Diego, CA 92128-1404	Larry Grogan 2696 Firebrand Place Alpine, CA 91901	Carl E. Morehous <b>e.</b> 272 Day Road Ventura, CA 93003	Pamela Littrell 1480 S. 24th Street El Centro, CA 92243	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	Viegas-Walker for Supervisor 2016
	D SCC	OSC PTY HOOSING	SCC SCOM	DOTH SCC	OTH SCC	CONTRIBUTOR CODE *	
\$ SUBTOTAL	I.V. Recycling	Project Manager EnergySource	None	None	None	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	
1,050.00	250.00	100.00	200.00	250,00	250.00	AMOUNT RECEIVED THIS PERIOD	
	250.00	100.00	200.00	250.00	250.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1385341
						PER ELECTION TO DATE (IF REQUIRED)	17

\*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

NAME OF FILER

Amounts may be ro to whole dollar

				rs.	ounded
		through5/21/16	from 4/24/16	Statement covers period	
1385341	I.D. NUMBER	Page 6 of 9	FORM	CALIFORNIA A CO	SCHEDULE A (CON.

Viegas-Walk	Viegas-Walker for Supervisor 2016				1385341	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/05/16	Ray Marquez 15922 Oid Carbon Canyon Road Chino Hills, CA 91709	SCC SCC	None	150.00	150.00	
5/07/16	Bill McNees 2537 Lenrey Avenue El Centro, CA 92243	OTH SCC	Manager Imperial Valley Housing Authority [IVHA]	250.00	250.00	
5/07/16	Cathy Kennerson 1669 Pepper Court El Centro, CA 92243	COM DOTH SCC	Hospital Administrator El Centro Regional Medical Center	200.00	200.00	
5/11/16	Phil Heald 771 Sandalwood Drive El Centro, CA 92243	ZiND □COM □OTH □PTY □SCC	Imperial Stores	500.00	500.00	
5/11/16	Maria C. Ramirez 631 lvywood Drive Oxnard, CA 93030	OTH SCC	Attorney Law Offices of M. Carmen Ramirez	100.00	100.00	
			\$ SUBTOTAL	1,200.00		

\*Contributor Codes

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

SCC - Small Contributor Committee

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA

SCHEDULE A (CON

FORM

4/24/16

NAME OF FILER Viegas-Walker for Supervisor 2016 5/18/16 5/17/16 5/12/16 5/12/16 5/11/16 RECEIVED 2591 Elm Avenue El Centro, CA 92243 Gregory S. Pettls 38073 Chris Drive David Pollock 13192 Shadow Wood Place Morningside Ventures, LLC 1334 N. Imperial Avenue El Centro, CA 92243 Christopher H. Petree Cathedral City, CA 92234 Moorpark, CA 93021-1187 1150 Glenwood Drive El Centro, CA 92243 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CODE \* John Edgar Snively, Jr. SCC PTO SIND DDDD NO SCC ON S SCC PATA NO SCC PA None Business Development Pollock Consulting Realtor Coldwell Banker Ed Snively Realty IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) SUBTOTAL \$ from AMOUNT RECEIVED THIS PERIOD through 4,350.00 3,500.00 250.00 250.00 100.00 250.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 3,500.00 250.00 100.00 250.00 250.00 Page \_\_ 1385341 I.D. NUMBER PER ELECTION
TO DATE (IF REQUIRED) 으

IND - Individual \*Contributor Codes

COM - Recipient Committee (other than PTY or SCC)

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

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

#### Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE

to whole dollars.

Amounts may be rounded

Statement covers period 4/24/16 5/21/16 D. NUMBER Page \_ FORM ω ಲ್ಲ

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from

through

Viegas-Walker for Supervisor 2016 1385341

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

N R P CVC CTB CNS CMP 트등 campaign paraphernalia/misc civic donations contribution (explain nonmonetary)\* independent expenditure supporting/opposing others (explain)\* candidate filing/ballot fees campaign consultants campaign literature and mailings legal defense tundraising events PET 유 POS office expenses professional services (legal, accounting) polling and survey research petition circulating meetings and appearances member communications postage, delivery and messenger services phone banks RFD ŢŞĘ TRS TRC 표 radio airtime and production costs voter registration campaign workers' salaries returned contributions

information technology costs (internet, e-mail) t.v. or cable airtime and production costs transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals

El Centro, CA 92244 P.O. Box 2641 Imperial Valley Press Calexico, CA 92231 317 Heffernan Avenue All Sports International Brawley, CA 92227 P.O. Box 1236 The Desert Review NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE CMP PRT PRT ဝ္က DESCRIPTION OF PAYMENT AMOUNT PAID \$1,260.0C 2,180.00 247.0C

## Schedule E Summary

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

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

SUBTOTAL \$

3,687.00

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

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

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50.00 0.00

8,343.00

www.fppc.ca.gov

8,393.00

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Viegas-Walker for Supervisor 2016

Amounts may be rounded to whole dollars.

Statement covers period

HEDULE E (CONT

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. from\_ through 4/24/16 5/21/16 1385341 Page 9 I.D. NUMBER of 9

4,656.00	SUBTOTAL \$	tule D.	ures must also be summarized on Scheo	Payments that are contributions or independent expenditures must also be summarized on Schedule D.
490.00		RAD		CXO AM/FM 120 Main Street 11 Centro, CA 92243
600.00		PRT		-oundation for Education C/O Imperial County Office of Education 398 Sperber Road El Centro, CA 92243
187.00		CMP		All Sports International 317 Heffernan Avenue Calexico, CA 92231
523.00		PRT		El Sol del Valle Imperial 280 Campillo Avenue, Suite D Calexico, CA 92231
2,856.00		LIT		Overland Strategies, LLC 142 East Bonita Avenue, #106 San Dimas, CA 91773
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	PAYEE NUMBER)	NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)
candidate/sponsor	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor voter registration VOT voter registration WEB information technology costs (internet, e-mail)	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	MBR MTG OFC PET POS POS PRO	CMP campaign paraphernalia/misc. CNS campaign consultants CNS campaign consultants CCTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LEG legal defense

# Recipier Campaic Cover Pa

	REGISTRAR OF VOTERS	11/08/16	through 6/30/16	RUCTIONS ON REVERSE
	THREE COUNTY			
For Official Use Only		(Month, Day, Year)	from 5/22/16	
Page of 8	[LIL 0.5 2016 Page	Date of election if applicable:	Statement covers period	
	RECEIVED			r Page
CALIFORNIA 460		*		paign Statement
COVER PAGE				pient Committee

SE	SEE INSTRUCTIONS ON REVERSE		thre	through	6/30/16	11/08/16	Sign	TRAR OF	MEGISTRAR OF VOTERS	
-1	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	mittees -	- Complete	Parts 1, 2	, 3, and 4.	2. Type of Statement:				
	Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall Also Camples Part 5]  General Purcose Committee	ő	Primarily Form Committee Controlled Sponsorec	Primarily Formed Committee Controlled Consored Sponsored	Primarily Formed Ballot Measure Committee Controlled Sponsored	<ul> <li>□ Preelection Statement</li> <li>☑ Semi-annual Statement</li> <li>□ Termination Statement</li> <li>(Also file a Form 410 Termination)</li> <li>□ Amendment (Explain below)</li> </ul>	rmination)		☐ Quarte	Quarterly Statement Special Odd-Year Report
i e	O Sponsored O Small Contributor Committee O Political Party/Central Committee		] Primarily Form Officeholder C (Also Complete Part 1)	Primarily Formed Candi Officeholder Committee (Also Complete Part 7)	Primarity Formed Candidate/ Officaholder Committee (Aso Complete Part 7)					
ယ	3. Committee Information		1.D. NUMBER 1385341	3ER 141		Treasurer(s)				
	Viegas-Walker for Supervisor 2016	VIMITTEE)				NAME OF TREASURER  Debra Driskill				
						MARING ADDRESS				
	STREET ADDRESS (NO PO. BOX)					CITY Hell		STATE	ZIP CODE	AREA CODE/PHONE
	666 Sandalwood Drive				1	El Centro		S A	92243	(7
	CITY STATE		ZIP CODE		AREA CODE/PHONE	NAME OF ASSISTANT TREASURER	JRER, IF ANY			
	El Centro CA	92	92243	(76	760) 332-9832	Cheryl Walker				
	MAILING ADDRESS (# DIFFERENT) NO. AND STREET OR P.O. BOX	R P.O. BC	×			MAILING ADDRESS				
	SIATE	Т	ZIP CODE	<u> </u>	AREA CODE/PHONE	666 Sandalwood Drive		STATE	200 CODE	A DE A CONTRE CALL
	1100					El Centro	23	ÇA	92243	(7
	OPTIONAL FAX / E-MAIL ADDRESS					OPTIONAL: FAX / E-MAIL ADDRESS	S			(
	cherylylegaswalker@gmail.com									

#### 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 Daie	Executed on	Executed on07/01/16
By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officer of Sponsor	By Sphalure of Treasurer & Ssistant Treasurer

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



OITY	NAME OF TREASURER	COMMITTEE NAME	CITY	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	Related Committe not included in this state contributions or make a	666 Sandalwood Drive	Imperial County Board of S RESIDENTIAL/BUSINESS ADDRESS	Cheryl Viegas-Walker	NAME OF OFFICEHOLDER OR CANDIDATE	5. Officeholder or Ca
STATE ZIP CODE AREA CODE/PHONE	CONTROLLED COMMITTEE?	I.D. NUMBER	STATE ZIP CODE AREA CODE/PHONE	STREET ADDRESS (NO PO BOX)	LEDC	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.	rive El Centro CA 92243	(NO. AND STREET) CITY	Cheryl Viegas-Walker OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	R OR CANDIDATE	Officeholder or Candidate Controlled Committee
Attach continuation	NAME OF OFFICEHOLDER OR CANDIDATE	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Identify the controlling officeholder, candidate, or state measure proponent, if any.	BALLOT NO. OR LETTER JURISDICTION	NAME OF BALLOT MEASURE	6. Primarily Formed Ballot Measure Committee			
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD SUPPORT	OFFICE SOUGHT OR HELD SUPPORT	OFFICE SOUGHT OR HELD SUPPORT	OFFICE SOUGHT OR HELD  SUPPORT  OPPOSE	holder Committee List names of committee is primarily formed.		DISTRICT NO. IF ANY	PONENT	ate, or state measure proponent, if any.	□ SUPPORT □ OPPOSE		ommittee

## Campaign Disclosure Statement

Amounts may be rounded

SUMMARY PAGE

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov			
EDDO Form (60 (log/2016)	from Lines 2, 7, and 9 (if any).	\$ 0.00	Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	this is the first report being filed for this calendar year, only carry over the amounts	\$ 0.00	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	. 저 ᅋ ײ ੶ ੶	\$ 6,574.00	LANCE
*Amounts in this section may be different from amounts reported in Column B.	add amounts in Column A to the corresponding amounts from Column B of your last report. Some	4,493.00 0.00 4,858.00	13. Cash Receipts
\$	To calculate Column B.	\$ 6,939.00	Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16
\$	\$14,531.00	\$ 4,858.00	11. TOTAL EXPENDITURES MADE
Date of Election Total to Date (mm/dd/yy)	0.00	0.00	9. Accrued Expenses (Unpaid Bills)
22. Cumulative Expenditures Made* [If Subject to Voluntary Expenditure Limit)	\$ 14,531.00	\$ 4,858.00	Coans Made
Expenditure Limit Summary for State Candidates	\$ 14,531.00	\$ 4,858.00	xpenditures Made  Payments Made
Z1. Expenditures  Made \$ \$	\$ 23,088.00	\$ 6,229.00	Nonmonetary Contributions
	\$ 21,105.00 1,983.00	\$ 4,493.00 1,736.00	SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date	\$ 0.00	\$ 0.00	Monetary Contributions
Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1385341			Viegas-Walker for Supervisor 2016
I.D. NUMBER			NAME OF FILER
6/30/16 Page 3 of 25	through_		SEE INSTRUCTIONS ON REVERSE
Statement covers period CALIFORNIA 460	State from	to whole dollars.	Summary Page

### Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Viegas-Walker for Supervisor 2016

DATE RECEIVED

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)

Amounts may be rounded

	5	to whole dollars		4000	SCHEDULE A
Contributions Received	ā		Statement covers period 5/22/16	covers period 5/22/16	CALIFORNIA 460
IS ON REVERSE			through 6/	5/30/16	Page 4 of 60
		`			I.D. NUMBER
ker for Supervisor 2016					1385341
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE *	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	DDATE PER ELECTION EAR TO DATE (IF REQUIRED)

3. Total monet (Add Lines	2. Amount rec	<ol> <li>Amount rec (Include all</li> </ol>	Schedule A Summary		5/26/16	5/23/16	5/23/16	5/23/16	5/23/16
Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	2. Amount received this period – unitemized monetary contributions of less than \$100	Amount received this period – itemized monetary contributions.  (Include all Schedule A subtotals.)	Summary		Greg Gelman 302 E. 3rd Street, Suite B Calexico, CA 92231	3158 Strategies LLC DBA Southern Callfornia Group 201 N. Harbor Boulevard, Suite 205 Fullerton, CA 92832	Engineering Contractors' Association ID #790729 2190 S. Town Centre Place, Suite 310 Anaheim, CA 92806	Walter Baker 1331 7th Avenue Hacienda Heights, CA 91745-2603	Vikki Dee Bradshaw 822 Cedar Avenue Holtville, CA 92250
ımn A, Line 1	e of less than				OTH SCC	□ IND □ COM □ PTY □ SCC	DOTH SCC	DOTH SCC	DOTH MO
.)		<del>69</del>		SUBTOTAL \$	Pharmacist DeAnza Pharmacy			CEO BuzzGalaxy Corporation	Environmental Specialist Metropolitan Water District
4,493.00	793.00	3,700.00		1,650.00	550.00	250.00	500.00	250.00	100.00
PTY - Political Party SCC - Small Contrib	other (other of	IND – Individual	*Contributor Codes		550.00	250.00	500.00	250.00	100.00
SCC - Small Contributor Committee	(other than PTY or SCC)	IND - Individual COM - Recipient Committee	odes						

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

NAME OF FILER

Amounts may be rounded to whole dollars.

Viegas-Walker for Supervisor 2016 from through Statement covers period 5/22/16 6/30/16 Page 1385341 CALIFORNIA 460 I.D. NUMBER S SCHEDULE A (CONT.) 야 | 00

	6/13/16	6/10/16	6/10/16	6/03/16	6/01/16	DATE RECEIVED
	John Dantice 1699 Barbara Worth Drive El Centro, CA 92243	Greg McWilliams 25124 Springfield Court, #300 Valencia, CA 91355-1088	Majestic Realty Co. 13191 Crossroads Parkway North, Sixth Floor City of Industry, CA 91746	Max Castillo 153 Danenberg Drive El Centro, CA 9224	Watson Land Company 22010 Wilmington Avenue Carson, CA 90745	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	DOTH SCC	DDD NO SCC	DIND COM	DOTH SCC	DIND COM	CONTRIBUTOR CODE *
SUBTOTAL \$	None	Regional President Five Points Communities		Building Contractor Castillo Construction Company		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
2,050 00	200.00	300.00	500.00	550.00	500.00	AMOUNT RECEIVED THIS PERIOD
	200.00	300.00	500.00	550.00	500.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
						PER ÉLECTION TO DATE (IF REQUIRED)

\*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

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

## Schedule C Nonmonetar

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Schedule C	@C		to whole dollars.	]	V-1		SCHEDULE C
Nonnior	Nonfriorietary Contributions Received			from	m 5/22/16		FORM 460
PTE INSTRUCTOR				thro	through 6/30/16	Page	of <b>00</b>
NAME OF FILER	A CONTRACTOR OF THE CONTRACTOR					I.D. NUMBER	3ER
Viegas-W	Viegas-Walker for Supervisor 2016					1385341	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (F COMMITTEE ALSO ENTER 1D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/23/16	Greg McWilliams 25124 Springfield Court, #300 Valencia, CA 91355-1088	IND COM	Regional President Five Points Communities	food for fundraiser	185.00	185.00	
6/06/16	Rogers & Rogers Nissan 2361 Highway 86 Imperial, CA 92251	D SCC		billboard advertising space and flyers	467,00	467.00	
6/06/16	Rogers & Rogers Toyota Scion 2351 Highway 86 Imperial, CA 92251	D SCC		billboard advertising space and flyers	467.00	467.00	
6/06/16	Rogers & Rogers Chrysler Jeep Dodge Ram 2329 Highway 86 Imperial, CA 92251	SCC DIND		billboard advertising space and flyers	467.00	467.00	
Attach ado	Attach additional information on appropriately labeled continuation sheets	continuation :	sheets.	SUBTOTAL \$	1,586.00		

## Schedule C Summary

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$ 1,136.00

IND – Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee \*Contributor Codes

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

#### Payments Made Schedule E

Amounts may be rounded to whole dollars.

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	it covers p	
	9	

5/22/16 eriod

CALIFORNIA

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Viegas-Walker for Supervisor 2016

from 6/30/16

LO NUMBER Page \_\_ 잌 00

385341

through

CNS CMP CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment campaign paraphernalia/misc campaign consultants X ດ member communications radio airtime and production costs

office expenses meetings and appearances

PE-1 OFC phone banks petition circulating

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

print ads

FND FI 000 СТВ

fundraising events candidate filing/ballot fees civic donations

contribution (explain nonmonetary)\*

Ä

legal defense

campaign literature and mailings

independent expenditure supporting/opposing others (explain)\*

SAL TRC 퍤 RFO candidate travel, lodging, and meals t.v. or cable airtime and production costs returned contributions campaign workers' salaries

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

Š 1SE voter registration

information technology costs (internet, e-mail)

817 E. 18th Street Sundance Press 12501 Imperial Highway, Suite 200 Norwalk, CA 90650 Yuma/Imperial County 1277 E. 21st Street Tuscan, AZ 85711 Political Data, Inc. Yuma, AZ 85365 Payments that are contributions or independent expenditures must also be summarized on Schedule D. The Lamar Companies NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER | D. NUMBER) 000 CMP == 유 DESCRIPTION OF PAYMENT SUBTOTAL \$ 23 566.00 AMOUNT PAID 1876.00 140.00 550.00

## Schedule E Summary

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

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

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108.00

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

SEE INSTRUCTIONS ON REVERSE

Viegas-Walker for Supervisor 2016

Amounts may be rounded to whole dollars.

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

Statement covers period

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CONT.)

CALIFORNIA FORM Page \_ 000 잌 00

through.

6/30/16

1385341

I.D. NUMBER

from.

5/22/16

SUBTOTAL \$2,142.00	\$UBTOTAL \$	ule D.	penditures must also be summarized on Sched	Payments that are contributions or independent expenditures must also be summarized on Schedule D
400.00		FND		Walker & Driskill, PLC 3205 S. Dogwood Road, Suite B El Centro, CA 92243
940.00		PRT		Imperial Valley Press 205 N. 8th Street El Centro, CA 92243
512.00		RAD		KXO AM/FM 420 Main Street El Centro, CA 92243
290.00		LIT		Imperial Printers 430 Main Street El Centro, CA 92243
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	SS OF PAYEE TER I D. NUMBER)	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D. NUMBER)
candidate/sponsor	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research polling and survey and messenger services professional services (legal, accounting) print ads	MBR MTG PET PHO POS PRO PRO	CMP campaign paraphernalia/misc. CNS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIL produced filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LEG legal defense LIT campaign literature and mailings