

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp RECEIVED JUL 31 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM 460
Page <u>1</u> of <u>11</u>	For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 05/20/2018
through 06/30/2018

Date of election if applicable:
(Month, Day, Year)
06/05/18

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

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

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Re-Elect James C. Hanks Imperial Irrigation District
Director Division 3 2018

I.D. NUMBER
1402449

STREET ADDRESS (NO P.O. BOX)
4603 N. Rio Vista Road

CITY Brawley STATE CA ZIP CODE 92227 AREA CODE/PHONE 760 344-3605

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Olga Moreno

MAILING ADDRESS
2411 W. Hamilton Avenue

CITY El Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE 760 352-5995

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 07/31/18 Date
Executed on 07-31-18 Date
Executed on _____ Date
Executed on _____ Date

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
James C. Hanks

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Imperial Irrigation District Director Division 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
4603 N. RioVista RD Brawley, CA 92227

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

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS		<input type="checkbox"/> YES <input type="checkbox"/> NO
CITY STATE ZIP CODE AREA CODE/PHONE		
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER		CONTROLLED COMMITTEE?
COMMITTEE ADDRESS		<input type="checkbox"/> YES <input type="checkbox"/> NO
CITY STATE ZIP CODE AREA CODE/PHONE		

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

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

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
James C. Hanks

Statement covers period from 05/20/18 through 06/30/18	CALIFORNIA FORUM 460
Page 3 of 11	I.D. NUMBER 1404449

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 16296.00	\$ 33881.00
2. Loans Received.....	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 16296.00	\$ 33881.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$ 6483.09	\$ 8093.88
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 22779.09	\$ 41974.00

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 26673.00	\$ 32300.79
7. Loans Made.....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 26673.00	\$ 32300.79
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 \$ 6483.09	\$ 8093.88
10. Nonmonetary Adjustment.....	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 33156.09	\$ 40394.67

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 11957.21
13. Cash Receipts.....	Column A, Line 3 above \$ 16296.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 \$ 0
15. Cash Payments.....	Column A, Line 8 above \$ 26673.00
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1580.21

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse \$

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

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

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

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

Expenditure Limit Summary for State Candidates

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

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

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
James C. Hanks

Statement covers period
from 05/20/2018
through 06/30/2018

CALIFORNIA
FORM
460

Page 4 of 11
I.D. NUMBER
1404449

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
05/21/18	Michael C. Aguirre 3367 Albatross St. San Diego, CA 92101-3591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/Self Employed	\$500.00	\$1000.00	
05/21/18	Maria C. Severson 501 W. Broadway Ste 1080 San Diego, Ca 92101-3591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/Self Employed	\$500.00	\$1000.00	
05/24/18	Mark McBroom 6522 Corn Road Calipatria, CA 92233	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2500.00		
05/29/18	Mathew & Jolene Dessert 327 Santa Rosa Avenue El Centro, CA 92243	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	I.C. Air Pollution Control Officer Assistant Ag Commissioner Weights & Measurement	\$3000.00		
05/31/18	Michael B. Cox 249 Andrita Place Brawley, CA 92227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Farmer	\$1000.00		
SUBTOTAL \$				7500.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 15900.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 396.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 16296.00**

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT)

Statement covers period
from 05/20/2018
through 06/30/2018

CALIFORNIA
FORM **460**

Page 5 of 11

NAME OF FILER
James C. Hanks

ID. NUMBER
1404449

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
06/04/18	Michael Franks Livestock PO Box 907 Brawley, CA 92227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2000.00	\$2100.00	
06/13/18	Coachella-Imperial Valleys Strategies 75100 Mediterranean Palm Desert, CA 92211	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5500.00		
06/13/18	Daniel & Robin J. Lillywhite PO Box 1387 Brawley, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Farmers	\$150.00		
06/26/18	Labor Local 1184 Political Campaign Fund 1128 E. LaCadena Drive Riverside, CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$750.00		
SUBTOTAL \$				8400.00		

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

Schedule C Nonmonetary Contributions Received

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

James C. Hanks

Statement covers period
from 05/20/2018
through 06/30/2018

Page 6 of 11

I.D. NUMBER
1404449

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/22/18	Controlled Thermal Resources 1065 State Street El Centro, Ca 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Campaign Lit	\$6483.09		
SUBTOTAL \$							

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 6483.09
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- 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 \$** 6483.09

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
James C. Hanks

Statement covers period from 05/20/2018 through 06/30/2018	CALIFORNIA FORUM 460
Page 7 of 11	I.D. NUMBER 1404449

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Desert Review 110 S. Plaza Brawley, CA 92227	PRT			\$1125.00
Brawley ACC 890 B Street Brawley, CA 92227	FND			\$500.00
Imperial Valley Press 205 N. 8th Street El Centro, CA	PRT			\$1890.00
SUBTOTAL \$				\$3515.00

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 26613.00
- Unitemized payments made this period of under \$100 \$ 60.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 26673.00**

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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
James C. Hanks

Statement covers period
from 05/20/2018
through 06/30/2018

Page 8 of 11
I.D. NUMBER
1404449

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bill E. Young Middle School-ASB 220 International Blvd. Calipatria, CA 92233	CVC			\$1300.00
S.C. Signs 9200 Waterford Center Blvd, Suite 100 Austin, Texas	CMP			\$489.00
Mail Management Group 409 Vernon Way El Cajon, CA 92020	LIT			\$2067.00
Jerry Gauna 1110 Magnolia Street Brawley, CA 92227	SAL			\$3000.00
Kaz-Bros Design 190 N. Plaza Street Brawley, CA 92227	CMP			\$108.00

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

SUBTOTAL \$ \$6964.00

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 05/20/2018
through 06/30/2018

CALIFORNIA
FORM 460

Page 9 of 11

I.D. NUMBER
1404449

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
James C. Hanks

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Maria Acuna 928 Willie Moreno Calexico, CA 92231	SAL			\$900.00
Green House Sign & Design 205 16th Street San Diego, CA 92101	LIT			\$319.00
Armando Villaseñor 1360 N. Imperial Avenue El Centro, CA 922243	FND			\$500.00
Smart & Final 650 N. Imperial Avenue El Centro, CA 92243	FND			\$166.00
Anthony P. Gallegos 109 Emma PL Brawley, CA	SAL			\$1200.00

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

SUBTOTAL \$ \$3085.00

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT)

Statement covers period
from 05/20/2018
through 06/30/2018

CALIFORNIA
FORM **460**

Page 10 of 11

I.D. NUMBER
1404449

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
James C. Hanks

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
McNeece Bros Oil Company 691 E. Hell Avenue El Centro, CA 92243	TRC			\$1069.00
Bill Gallegos 1439 River Drive Brawley, CA 92227	SAL			\$1300.00
Stockmen Club 275 Majorie Avenue Brawley, CA 92227	MTG			\$450.00
Jerry Gauna 1110 Magnolia Street Brawley, CA 92227	SAL			\$5000.00
Imperial Stores 415 W. Main Street Brawley, CA 92227	CMP			\$1487.00

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

SUBTOTAL \$ 9306.00

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
James C. Hanks

Statement covers period from <u>05/20/2018</u> through <u>06/30/2018</u>	CALIFORNIA FORW 460
Page <u>11</u> of <u>11</u>	I.D. NUMBER 1404449

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Signal LLC Facebook 1 Hacker Way Menlo Park, CA 94025	WEB			\$3743.00

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

SUBTOTAL \$ 3743.00

Candidate Intention Statement

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Hanks, James C.

DAYTIME TELEPHONE NUMBER

(760) 344-3605

FAX NUMBER (optional)

()

E-MAIL (optional)

STREET ADDRESS

4603 N. Rio Vista Rd

CITY

STATE

ZIP CODE

OFFICE SOUGHT (POSITION TITLE)

IID Director

AGENCY NAME

IMPERIAL REGISTRATION District

DISTRICT NUMBER, if applicable:

Dist. 3

NON-PARTISAN PARTY:

State (Complete Part 2.)

City County Multi-County:

(Name of Multi-County Jurisdiction)

2018
(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, Judges, Judicial candidates, and candidates for local offices do not complete Part 2.)

Primary/general election
(Year of Election)

Special/runoff election
(Year of Election)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ___/___/___ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ___/___/___, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

02/12/18
(month, day, year)

Signature

James C. Hanks
(Candidate)

Date Stamp RECEIVED FEB 12 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM 501 For Official Use Only
---	---

Officeholder and Candidate
Campaign Statement -
Short Form

Date of election if applicable: (Month, Day, Year) <u>JUNE 5, 2018</u>	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED FEB 12 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM 470 For Official Use Only
--	--	---	--

1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: JAMES C. HARKES

STREET ADDRESS: 4603 N. Rio Vista Rd

CITY: Beavley STATE: Ca. ZIP CODE: 92227

AREA CODE/DAYTIME PHONE NUMBER: 760-344-3605 OPTIONAL: FAX / E-MAIL ADDRESS: _____

3. Office Sought or Held

OFFICE SOUGHT OR HELD: IID Director Div 3

JURISDICTION (LOCATION): Imperial County DISTRICT NUMBER (IF APPLICABLE): _____

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on Feb. 12, 2018 DATE

By James C. Harkes SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form