

Officeholder and Candidate Campaign Statement - Short Form

Date of election, if applicable: (Month, Day, Year) <u>6-5-18</u>	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp RECEIVED MAR 09 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 18.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: James William Hood Jr.
 STREET ADDRESS: 2321 Orange
 CITY: Hatfield, CA STATE: CA ZIP CODE: 92250
760-356 AREA CODE/DAYTIME PHONE NUMBER: 760-356-5936 OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD: IID District Division 5
 JURISDICTION (LOCATION): _____ DISTRICT NUMBER (IF APPLICABLE): 5

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 3-9-18 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE

Clear Form

Print Form

Candidate Intention Statement

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IMPERIAL COUNTY REGISTRAR OF VOTERS	FORM
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Horn James W. DAYTIME TELEPHONE NUMBER (760) 356-5936 FAX NUMBER (optional) _____ E-MAIL (optional) _____

STREET ADDRESS 2321 Orange Ave. CITY Boyleville STATE CA ZIP CODE 92540

OFFICE SOUGHT (POSITION TITLE) IID Director AGENCY NAME Imperial County Imperial Irrigation District

OFFICE JURISDICTION IID Division 5 Director DISTRICT NUMBER, if applicable. 5 PARTY. NON-PARTISAN

State (Complete Part 2) City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____ (Year of Election) 2018

2. State Candidate Expenditure Limit Statement:

(CALPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Year of Election) Primary/general election _____
(Year of Election) Special/runoff 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.

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 3-9-18 _____
(month, day, year)

Signature [Signature] _____
(Candidate)

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SEE INSTRUCTIONS ON REVERSE

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

Statement covers period from Jul 1-17 through Dec 31-17

Date of election if applicable: (Month, Day, Year)
Jun 3, 2014

Date Stamp
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APR 18 2016
IMPERIAL COUNTY
REGISTRAR OF VOTERS

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3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) _____ I.D. NUMBER 1365756

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 6)

2. Type of Statement:

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

Working to remain candidate for ID Director

Committee to elect James William Horn Sr

STREET ADDRESS (NO P.O. BOX) 3321 Orange Ave Holtville CITY Holtville STATE MO ZIP CODE 65736

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 760-356-5936 AREA CODE/PHONE

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

Treasurer(s)

NAME OF TREASURER James William Horn Sr

MAILING ADDRESS 3321 Orange Ave CITY Holtville STATE MO ZIP CODE 65736

NAME OF ASSISTANT TREASURER, IF ANY _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

Verification

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

Executed on 7-18-18 Date

Executed on _____ Date

Executed on 7-18-18 Date

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

Signature of Controlling Officer/Candidate, State Measure Proponent

Signature of Controlling Officer/Candidate, State Measure Proponent

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

Signature of Controlling Officer/Candidate, State Measure Proponent

Signature of Controlling Officer/Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

Campaign Closure Statement Summary Page

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Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Contributions Received

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

Expenditures Made

6. Payments Made	\$ 0	\$ 0
7. Loans Made	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	\$ 0	\$ 0
9. Accrued Expenses (Unpaid Bills)	\$ 0	\$ 0
10. Nonmonetary Adjustment	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	\$ 0	\$ 0

Current Cash Statement

12. Beginning Cash Balance	\$ 0	\$ 0
13. Cash Receipts	\$ 0	\$ 0
14. Miscellaneous Increases to Cash	\$ 0	\$ 0
15. Cash Payments	\$ 0	\$ 0
16. ENDING CASH BALANCE	\$ 0	\$ 0

Loan Guarantees Received and Outstanding Debts

Loan Guarantees Received	\$ 0	\$ 0
Cash Equivalents	\$ 0	\$ 0
Outstanding Debts	\$ 0	\$ 0

Statement covers period from Jul-1-17 through Dec-31-17

Page 2 of 3

I.D. NUMBER 1365756

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

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

Expenditure Limit Summary for State Candidates

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

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

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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Dennis William Horn Sr.

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
II District #5 Division

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2321 Orange Ave Hollister CA 92250

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

Recipient Committee
Campaign Statement
Cover Page

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SEE INSTRUCTIONS ON REVERSE

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

Statement covers period from 11/1/18 through 4/21/18

Date of election if applicable: (Month, Day, Year)
Jun 5, 2018

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

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

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

Primarily Formed Ballot Measure Committee
 Controller
 Sponsoree
(Also Complete Part 1)

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 2)

2. Type of Statement:

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

Quarterly Statement
 Special Odd-Year Report

Amendment (Explain below)
WORKING to remain candidate for IID director

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to elect James William Horn Sr. as IID Director #5 Division I.D. NUMBER 1365756

STREET ADDRESS (NO P.O. BOX) 2321 Orange Ave

CITY HO Hill STATE CA ZIP CODE 92250 AREA CODE/PHONE 760-3565936

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

CITY

OPTIONAL: FAX / E-MAIL ADDRESS

STATE ZIP CODE AREA CODE/PHONE

Treasurer(s)

NAME OF TREASURER James William Horn Sr

MAILING ADDRESS 2321 Orange Ave

CITY HO Hill STATE CA ZIP CODE 92250 AREA CODE/PHONE 760-3565936

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

Executed on 4-18-18 Date

Executed on _____ Date

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

By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent

By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on 4-18-18 Date

Executed on _____ Date

By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent

By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Jared William Horn Jr
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
IT Director #5 Division
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2221 Orange Ave (to Hills, CA 92250
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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT
 OPPOSE

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

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

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Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period from _____ through _____

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I.D. NUMBER 1365756

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 100.00	
2. Loans Received	Schedule B, Line 3 \$ 0	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 0	
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 100	

Expenditures Made

6. Payments Made	(Filing fee) Schedule E, Line 4 \$ 77.70	
7. Loans Made	Schedule H, Line 3 \$ 0	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 0	
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0	
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 0	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 0	

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	Schedule I, Line 4	\$ _____
15. Cash Payments	Column A, Line 8 above	\$ _____
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 <i>If this is a termination statement, Line 16 must be zero.</i>	\$ _____

Cash Equivalents and Outstanding Debts

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

Expenditure Limit Summary for State Candidates

20. Contributions Received	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____	\$ _____
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)		
Date of Election (mm/dd/yy)	____/____/____	Total to Date
	____/____/____	\$ _____

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).

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