

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

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

SCHEDULE A (CONT)

**CALIFORNIA
FORM 460**

Statement covers period
from 5/20/12
through 5/31/12

Page 5 of 16

NAME OF FILER
Stephen W. Benson
I.D. NUMBER
1346483

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
5/29/12	Brock Apparatus Co., LLC 1399 Forester Rd, 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		250.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				250.00		

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

Schedule B - Part 1 Loans Received

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Stephen W. Benson

Statement covers period
from 5/20/12
through 5/31/12

I.D. NUMBER
1346483
Page 6 of 16

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR PER ELECTION**
Stephen W. Benson 30 Shank Rd Brawley, CA 92227	Farm Manager John R. Benson Farms, Inc	\$ 5000.00	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	7/1/12	0	3/8/12	CALENDAR YEAR \$ 5000.00 PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	RATE % <td>DATE INCURRED</td> <td>CALENDAR YEAR \$ PER ELECTION**</td>	DATE INCURRED	CALENDAR YEAR \$ PER ELECTION**
SUBTOTALS \$		\$ 5000.00	\$	\$	DATE DUE	RATE % <td>DATE INCURRED</td> <td>\$</td>	DATE INCURRED	\$

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0
Enter the net here and on the Summary Page, Column A, Line 2.

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

* Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule B - Part 2 Loan Guarantors

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stephen W. Benson

Statement covers period
from 5/20/12
through 5/31/12

SCHEDULE B - PART 2
CALIFORNIA FORM 460
Page 2 of 16

I.D. NUMBER
1346483

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED)	BALANCE OUTSTANDING TO DATE
			LENDER	DATE			
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	DATE		\$ _____ CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	DATE		\$ _____ CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER	DATE		\$ _____ CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL \$.00		

Enter on
Summary Page,
Line 17 only.

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stephen W. Benson

Statement covers period
from 5/20/12
through 5/31/12

Page 8 of 16

I.D. NUMBER
1346483

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$							

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 0
- 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 \$** 0

*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
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Stephen W. Benson

Statement covers period
 from 5/20/12
 through 5/31/12

SCHEDULED
CALIFORNIA
FORM 460
 Page 9 of 16
 I.D. NUMBER
 1346483

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$00
- Unitemized contributions and independent expenditures made this period of under \$100 \$00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$**00

Schedule E
Payments Made

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stephen W. Benson

Statement covers period
from 5/20/12
through 5/31/12

Page 10 of 16

I.D. NUMBER
1346483

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

- CAP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/bailot 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
- FET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Allison Carr 1001 Mountain View Ave El Centro, CA 92243	FND		130.98
KYO Radio PO Box 140 El Centro, CA 92244	RAD		1360.00
Imperial Valley Press 305 North 8th St. El Centro, CA 92243	PRT		2218.00
SUBTOTAL \$			3708.99

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 6239.13
2. Unitemized payments made this period of under \$100 \$.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 6239.13

Schedule
(Continuation Sheet)
Payments Made

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 Stephen W. Benson

SCH. E (CONT.)

Statement covers period from <u>5/20/12</u> through <u>5/31/12</u>	CALIFORNIA FORM 460
Page <u>11</u> of <u>18</u>	I.D. NUMBER 1346483

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Trinity Printing 14102 Red Hill Ave #101 Tustin, CA 92780	LIT			210 ⁰⁰
EI Centro Chamber of Commerce 1095 S. 4th St. EI Centro, CA 92243	QUC			50 ⁰⁰
Political Data P O Box 1706 Rurbank, CA 91501	LIT			359 ⁶⁵
Adelante 205 N. 8th St. EI Centro, CA 92243	PRT			288 ⁰⁰
Holtville Tribune 570 Holt Ave Holtville, CA 92250	PRT			442 ⁵⁰

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

SUBTOTAL \$ 1350.15

**Schedule
(Continuation Sheet)
Payments Made**

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

Statement covers period
from 5/20/12
through 5/31/12

Page 12 of 16

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Stephen W. Benson

ID NUMBER
1346483

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

- OMP campaign paraphernalia/misc
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FLI 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
- FET 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
Driscoll's 1410 State St Suite # 3 El Centro, CA 92243	GMP			124.99
KROP Radio P.O. Box 198 Rawley, CA 92222	RAD			100.00
El Sol de Valle P O Box 3442 El Centro, CA 92244	PRT			630.00
Desert Review P O Box 1234 Rawley, CA 92222	PRT			325.00

SUBTOTAL \$ 1179.99

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

Schedule C
Payment made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from 5/20/12
 through 5/31/12

CALIFORNIA
FORM 460

Page 14 of 16

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 Stephen W. Benson

I.D. NUMBER
 1346483

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 0

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule H
Loans Made to Others***

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

Statement covers period
from 5/20/12
through 5/31/12

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: Stephen W. Benson
I.D. NUMBER: 1346483
Page 15 of 16

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CALENDAR YEAR CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION**
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period \$ _____ .00
(Total Column (b) plus unitemized loans of less than \$100.)

2. Payments received on loans \$ _____ .00
(Total Column (c) plus unitemized payments of less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$** _____ .00
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

**If Required

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

**CALIFORNIA
FORM 460**

PER PAGE

Page 1 of 14
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 11/2/12
through 12/31/12

Date of election if applicable:
(Month, Day, Year)
11/3/12

11/3/12 09:52

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
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

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

Benson for Director 2012

I.D. NUMBER
1346483

Treasurer(s)

NAME OF TREASURER

Stephen Waite

MAILING ADDRESS

P O Box 239

CITY

Brawley

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

Brawley

STATE

CA

OPTIONAL FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)
30 Shank Rd
CITY Brawley
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P O Box 239
CITY Brawley
OPTIONAL FAX / E-MAIL ADDRESS

STATE CA ZIP CODE 92227 AREA CODE/PHONE 7603444591
STATE CA ZIP CODE 92227 AREA CODE/PHONE 7603444591

4. Verification

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

Executed on 1/30/13
Date

Executed on 1/30/13
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer & Assistant Treasurer

By _____
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

CALIFORNIA
FORM **460**

Page 2 of 14

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Stephen W. Benson
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 IID Director Div #4
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 30 Shank 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
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

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

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

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

SUMMARY PAGE

Statement covers period from 11/2/12 through 12/31/12	Page 3 of 14
CALIFORNIA 460 FORM	
I.D. NUMBER 1346483	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen W Benson

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 3599.70	145519.94
2. Loans Received	Schedule B, Line 3 11100.00	16100.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 14699.70	161619.94
4. Nonmonetary Contributions	Schedule C, Line 3 .00	.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 14699.70	161619.94

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	\$ _____		

Expenditures Made

6. Payments Made	Schedule E, Line 4 19717.02	161340.26
7. Loans Made	Schedule H, Line 3 .00	.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 19717.02	161340.26
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 .00	.00
10. Nonmonetary Adjustment	Schedule C, Line 3 .00	.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 19717.02	161340.26

Expenditure Limit Summary for State Candidates

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 5139.75
13. Cash Receipts	Column A, Line 3 above	14699.70
14. Miscellaneous Increases to Cash	Schedule I, Line 4	157.25
15. Cash Payments	Column A, Line 8 above	19717.02
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 279.68

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$.00

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

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

**CALIFORNIA
FORM 460**

Statement covers period
from 11/2/12
through 12/31/12

Page 4 of 14
I.D. NUMBER
1346483

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen W Benson

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/2/12	Barbara D. Cox 590 S Russel Road Brawley, Ca 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	500.00		
11/2/12	Michael B. Cox 249 Andrita Place Brawley Ca 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Cox Farms	500.00		
11/2/12	Lawrence Cox Ranches 5204 Dietrich Road Brawley Ca 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00		
11/13/12	Stewve & Vicky Veysey 3653 Austin Road Brawley Ca 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Grower Veysey Farms	250.00		
11/13/12	Coachella-Imperial Valleys Strategies 72877 Dinah Shore Dr. Ste 103 Rancho Mirage Ca 92270	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FPPC#1351123	250.00		
				SUBTOTAL \$	3500.00	

Schedule A Summary

- Amount received this period — itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3500.0
- Amount received this period — unitemized monetary contributions of less than \$100 \$ 99.70
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3599.70

*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 B - Part 1 Loans Received

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

Statement covers period
from 11/2/12
through 12/31/12

Page 5 of 14
I.D. NUMBER
1346483

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Stephen W Benson

FULL NAME, STREET ADDRESS AND ZIP CODE <small>(IF COMMITTEE ALSO ENTER ID NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	CONTRIBUTOR CODES					
									IND	COM	OTH	PTY	SCC	CALENDAR YEAR
Stephen W. Benson 30 Shank Rd Brawley, CA 92227	Farm Manager John R. Benson Farms, Inc	\$ 5000.00	\$ 5200.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 10200.00 7/1/13	0 %	\$ 5000.00 3/8/12	\$ 10200.00 PER ELECTION**	IND	COM	OTH	PTY	SCC	CALENDAR YEAR
Benco 30 Shank Rd Brawley Ca 92227		\$ 5900.00	\$ 5900.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 5900.00 7/1/13	0 %	\$ 5900.00 12/21/12	\$ 5900.00 PER ELECTION**	IND	COM	OTH	PTY	SCC	CALENDAR YEAR
SUBTOTALS \$		\$ 11100.00	\$ 11100.00		\$ 16100.00		\$ 0							

Schedule B Summary

(Enter (e) on
Schedule E, Line 3)

- Loans received this period \$ 11100.000
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 11100.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number.)

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

* Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule B - Part 2 Loan Guarantors

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

Statement covers period
from 11/2/12
through 12/31/12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen W Benson

I.D. NUMBER

1346483

FULL NAME, STREET ADDRESS AND
ZIP CODE OF GUARANTOR
(IF COMMITTEE ALSO ENTER I.D. NUMBER)

CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ \$ _____ PER ELECTION (IF REQUIRED)	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ \$ _____ PER ELECTION (IF REQUIRED)	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ \$ _____ PER ELECTION (IF REQUIRED)	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ \$ _____ PER ELECTION (IF REQUIRED)	

Enter on
Summary Page,
Line 17 only.

SUBTOTAL \$.00

Schedule C Nonmonetary Contributions Received

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

**CALIFORNIA
FORM
460**

SCHEDULE C

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen W Benson

Statement covers period
from 11/2/12
through 12/31/12

Page 7 of 14

I.D. NUMBER
1346483

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
				SUBTOTAL \$			

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 0
- 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 \$** 0

*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 D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

SCHEDULED

**CALIFORNIA
FORM 460**

Statement covers period
from 11/2/12
through 12/31/12

Page 8 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen W Benson

I.D. NUMBER

1346483

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$00
- Unitemized contributions and independent expenditures made this period of under \$100 \$00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$**00

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 11/2/12 through 12/31/12
Page 9 of 14
I.D. NUMBER 1346483

NAME OF FILER
Stephen W Benson

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

- CNP campaign paraphernalia/misc
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- FET 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 ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Intermedia de Mexicali SA De CV 640 Imperial Ave Suite 4 Calexico CA 92234	TEL		1200.00
Televisa Mexicali Calz Hector Teran No 1366 Col Bordo Wisteria Mexicali BC Mexico	TEL		400.00
Imperial Valley Living 2419 Imperial Business Park Dr Imperial Ca 92251	CNS		13371.02
SUBTOTAL \$			14971.02

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 19717.02
2. Unitemized payments made this period of under \$100 \$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 19717.02**

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

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

Statement covers period
from 11/2/12
through 12/31/12

Page 10 of 14

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stephen W Benson

I.D. NUMBER
1346483

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
FL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jerry Gauna 1110 Magnolia Brawley Ca 92227	SAL			4200.00
Hidalgo Society P O Box 1408 Brawley Ca 92227	FND			546.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 4746.00

Schedule F Accrued Expenses (Unpaid Bills)

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

Statement covers period
from 11/2/12
through 12/31/12

Page 11 of 14

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stephen W Benson

I.D. NUMBER
1346483

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
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio, television and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL l.v. or cable, telephone and production costs
- TRC candidate travel, lodging, and meals
- TTS 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 CREDITOR (if COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SUBTOTALS \$					

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0
(May be a negative number)

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

Statement covers period

11/2/12

from

12/31/12

through

Page 12 of 14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen W Benson

NAME OF AGENT OR INDEPENDENT CONTRACTOR

I.D. NUMBER

1346483

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) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 0

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*

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

STATEMENT H
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 11/2/12
through 12/31/12

Page 13 of 14

NAME OF FILER

Stephen W Benson

I.D. NUMBER

1346483

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER ID NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT OR FORGIVENESS THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CALENDAR YEAR PER ELECTION**	CALENDAR YEAR PER ELECTION**
		\$ _____	\$ _____	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	\$ _____ PER ELECTION**	\$ _____ PER ELECTION**
SUBTOTALS		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period \$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans \$ _____
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period: (Subtract Line 2 from Line 1.) NET \$ _____
(Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>1/1/13</u> through <u>6/30/13</u>	Date of election if applicable: (Month, Day, Year) <u>11/5/12</u>	Date Filed REGISTRAR OF VOTERS JUL 16 2013 RECEIVED BY:	Page <u>1</u> of <u>13</u> For Official Use Only
---	---	--	---

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

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

3. Committee Information

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

Benson for Director 2012

I.D. NUMBER
1346483

Treasurer(s)

NAME OF TREASURER

Stephen Walte

MAILING ADDRESS

P O Box 239

CITY

Brawley

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)
30 Shank Rd
CITY
Brawley
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P O Box 239
CITY
Brawley
OPTIONAL: FAX / E-MAIL ADDRESS

STATE ZIP CODE AREA CODE/PHONE
CA 92227 7603444591
STATE ZIP CODE AREA CODE/PHONE
CA 92227 7603444591
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 7/8/13 Date

Executed on 7/8/13 Date

Executed on _____ Date

Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer

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

By _____ Signature of Controlling Off/holder, Candidate, State Measure Proponent

By _____ Signature of Controlling Off/holder, Candidate, State Measure Proponent

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Stephen W. Benson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
ILD Director Div #4

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

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

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

OFFICE SOUGHT OR HELD

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA
FORM 460

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

Page 3 of 13

I.D. NUMBER
1346483

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Stephen W Benson

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$.00	\$.00
2. Loans Received	Schedule B, Line 3 \$.00	\$.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$.00	\$.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$.00	\$.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$.00	\$.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 122.00	\$ 122.00
7. Loans Made	Schedule H, Line 3 \$.00	\$.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 122.00	\$ 122.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$.00	\$.00
10. Nonmonetary Adjustment	Schedule G, Line 3 \$.00	\$.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 122.00	\$ 122.00

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 279.68	
13. Cash Receipts	Column A, Line 3 above \$.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 130.18	
15. Cash Payments	Column A, Line 8 above \$ 122.00	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 287.86	

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$.00

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

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

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

20. Contributions Received \$ _____ \$ _____
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

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

SCHEDULE A

CALIFORNIA
FORM
460

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

Page 4 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Stephen W Benson

I.D. NUMBER
1346483

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

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

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

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

Page 5 of 13

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Stephen W Benson I.D. NUMBER 1346483

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Stephen W. Benson 30 Shank Rd Brawley, CA 92227	Farm Manager John R. Benson Farms, Inc	\$ 10200.00	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 10200.00 7/1/13 DATE DUE	0 %	\$ 5000.00 3/8/12 DATE INCURRED	CALENDAR YEAR PER ELECTION** \$ 10200.00
Benco 30 Shank Rd Brawley Ca 92227		\$ 5900.00	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 5900.00 7/1/13 DATE DUE	0 %	\$ 5900.00 12/21/12 DATE INCURRED	CALENDAR YEAR PER ELECTION** \$ 5900.00
		SUBTOTALS \$		11100.00 \$	16100.00 \$	0		

Schedule B Summary

- Loans received this period \$.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** .00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

Contributor Codes

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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule B - Part 2 Loan Guarantors

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

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

Page 6 of 13

CALIFORNIA FORM 460

SCHEDULE B - PART 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Stephen W Benson

I.D. NUMBER
1346483

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	LOAN LENDER DATE	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE PER ELECTION (IF REQUIRED)	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL \$.00	Enter on Summary Page, Line 17 only.	

**Schedule C
Nonmonetary Contributions Received**

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

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

Page 7 of 13

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stephen W Benson

I.D. NUMBER
1346483

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)	PERELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$							

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 0
- 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 \$** 0

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

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

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

CALIFORNIA
FORM
460

SCHEDULED

Page 8 of 13

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 Stephen W Benson

I.D. NUMBER
 1346483

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TODAY (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ _____ .00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____ .00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** _____ .00

Schedule E Payments Made

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

Statement covers period from <u>1/1/13</u> through <u>6/30/13</u>	CALIFORNIA FORM 460
Page <u>9</u> of <u>13</u>	SCHEDULEE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Stephen W Benson

I.D. NUMBER
1346483

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

- | | | |
|---|---|---|
| OMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL 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) | VOI 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
Secretary of State 1500 11th St room 495 Sacramento, Ca 95814	FIL		annual fee	50.00
SUBTOTAL \$				

* 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.) \$ 72.00
- Unitemized payments made this period of under \$100 \$ 122.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 122.00

**Schedule H
Loans Made to Others***

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

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

**CALIFORNIA 460
FORM**

SCHEDULE H

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen W Benson

I.D. NUMBER

1346483

Page 12 of 13

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN <input type="checkbox"/> FORGIVEN	DATE DUE	_____ % RATE	DATE INCURRED	_____ \$ CALENDAR YEAR _____ \$ PER ELECTION** _____ \$ PER ELECTION**
		\$ _____	\$ _____		DATE DUE _____	_____ % RATE	DATE INCURRED _____	_____ \$ CALENDAR YEAR _____ \$ PER ELECTION** _____ \$ PER ELECTION**
SUBTOTALS		\$ _____	\$ _____		\$ _____	\$ _____		

(Enter (e) on
Schedule I, Line 3)

*Loans that are contributions to another candidate or committee
must also be summarized on Schedule D. Loans forgiven must
also be reported on Schedule E.

Schedule H Summary

- Loans made this period \$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans \$ _____
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** _____
(Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

Receipt Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>6/1/12</u> through <u>6/30/12</u>	Date of election if applicable: (Month, Day, Year) <u>6/5/12</u>	Date Stamp REGISTRAR OF VOTERS JUL 30 2012 RECEIVED BY: <i>[Signature]</i>	Page <u>1</u> of <u>15</u> For Official Use Only
---	--	--	---

OVER PAGE
CALIFORNIA FORM 460

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

- Officerholder, 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/Officerholder Committee *(Also Complete Part 7)*

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Benson for Director 2012 I.D. NUMBER 1346483

Treasurer(s)

NAME OF TREASURER Stephen Walle

STREET ADDRESS (NO P.O. BOX) 30 Shank Rd
 CITY Brawley STATE CA ZIP CODE 92227 AREA CODE/PHONE 7603444591
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX P O Box 239
 CITY Brawley STATE CA ZIP CODE 92227 AREA CODE/PHONE 7603444591
 OPTIONAL: FAX / E-MAIL ADDRESS _____

NAME OF ASSISTANT TREASURER, IF ANY _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
 OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

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

Executed on 7/26/12
Date

Executed on 7/26/12
Date

Executed on _____
Date

Executed on _____
Date

By *[Signature]* Signature of Treasurer or Assistant Treasurer

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

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of 15

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Stephen W. Benson
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
 IID Director Div #4
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
 30 Shank 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
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

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

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

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

SUMMARY PAGE

Statement covers period from 6/1/12 through 6/30/12	CALIFORNIA FORM 460
Page 3 of 15	460
I.D. NUMBER 1346483	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Stephen W Benson

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 35750.00	\$ 105117.99
2. Loans Received	Schedule B, Line 3 00	5000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 35750.00	\$ 110117.99
4. Nonmonetary Contributions	Schedule C, Line 3 00	00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 35750.00	\$ 110117.99

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	\$ _____	\$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 13192.43	\$ 80408.49
7. Loans Made	Schedule H, Line 3 00	00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 13192.43	\$ 80408.49
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 00	00
10. Nonmonetary Adjustment	Schedule G, Line 3 00	00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 13192.43	\$ 80405.49

Expenditure Limit Summary for State Candidates

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

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

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 7151.93
13. Cash Receipts	Column A, Line 3 above 35750.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 00
15. Cash Payments	Column A, Line 8 above 13192.43
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 29709.50

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 00
------------------------------	-----------------------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 00

**Schedule A
Monetary Contributions Received**

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

Statement covers period
from 6/1/12
through 6/30/12

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stephen W Benson

I.D. NUMBER
1346483

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6/1/12	Imperial Valley Milling Co. 250 East 5th Street Holtville, CA 92250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.-		
6/5/12	John Benson Farms 30 E Shark Road Brawley, CA 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.-		
6/20/12	Neil R Senturia 2223 Avenida De La Playa, Ste. 212 La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Oberon Fuels, Inc.	200.-		
6/20/12	Barbara B. Meyer Farms 30 Shark Road Brawley, CA 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10000.-		
6/20/12	John Benson Farms 30 Shark Road Brawley, CA 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		20,000.-		
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 35,700.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 50.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 35,750.00

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

Schedule B - Part 1 Loans Received

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

Statement covers period
from 6/1/12 through 6/30/12

Page 5 of 15

I.D. NUMBER
1346483

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stephen W Benson

FULL NAME, STREET ADDRESS AND ZIP CODE <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	OUTSTANDING BALANCE BEGINNING THIS PERIOD ^(a)	AMOUNT RECEIVED THIS PERIOD ^(b)	AMOUNT PAID OR FORGIVEN THIS PERIOD * ^(c)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ^(d)	INTEREST PAID THIS PERIOD ^(e)	ORIGINAL AMOUNT OF LOAN ^(f)	CUMULATIVE CONTRIBUTIONS TO DATE ^(g)	CALENDAR YEAR	
									PER ELECTION **	PER ELECTION **
Stephen W. Benson 30 Shank Rd Brawley, CA 92227	Farm Manager John R. Benson Farms, Inc	\$ 5000.00	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 5000.00 DATE DUE 7/1/12	0 % 0	\$ 5000.00 DATE INCURRED 3/8/12	\$ 5000.00		
SUBTOTALS \$		\$ 5000.00	\$		\$ 5000.00					

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0
Enter the net here and on the Summary Page, Column A, Line 2.

Contributor Codes

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

* Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule B - Part 2
Loan Guarantors**

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

SCHEDULE B - PART 2

**CALIFORNIA
FORM 460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stephen W Benson

Statement covers period
from 6/1/12
through 6/30/12

Page 6 of 15

I.D. NUMBER
1346483

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ \$ _____ PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ \$ _____ PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ \$ _____ PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ \$ _____ PER ELECTION (IF REQUIRED)	

SUBTOTAL \$.00	Enter on Summary Page, Line 17 only.
--------------------	-----	--

Schedule C Nonmonetary Contributions Received

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

Statement covers period
from 6/1/12
through 6/30/12

Page 7 of 15

CALIFORNIA FORM 460

SCHEDULE C

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Stephen W Benson
I.D. NUMBER 1346483

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 TODATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$							

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals) \$ 0
- 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 \$** 0

*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 D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

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

Statement covers period
from 6/1/12
through 6/30/12

Page 8 of 15
I.D. NUMBER
1346483

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stephen W Benson

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$.00

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from 6/1/12
 through 6/30/12

Page 9 of 15

I.D. NUMBER
 1346483

SCHEDULED (CONT.)
CALIFORNIA
FORM
460

NAME OF FILER
 Stephen W Benson

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$.00		

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stephen W Benson

Statement covers period
from 6/1/12
through 6/30/12

Page 10 of 15
I.D. NUMBER
1346483

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 OMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 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
 FET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads
 RAD radio airtime and production costs
 RFD returned contributions
 SAL campaign workers' salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Citi Bank P.O. Box 183051 Columbus, OH 43218-3051	CMP		5646.76
KROP Radio P.O. Box 198 Torrey Pines, CA 92227	RAD		260.00
Imperial Valley Living 2419 Imperial Business Park Dr Imperial, CA 92251	CNS		6221.45

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

SUBTOTAL \$

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 13,192.43
- Unitemized payments made this period of under \$100 \$.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 13,192.43

Sched. E
(Continuation Sheet)
Payments Made

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

Statement covers period
 from 6/1/12
 through 6/30/12

Page 11 of 15

I.D. NUMBER
 1346483

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 Stephen W Benson

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

- CNP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- ND 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 (# COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lamar Companies PO BOX 96030 Baton Rouge, LA 70894	CMP			187.50
Calixto Chamber of Commerce 1000 Imperial Ave Calixico, CA 92231	CVC			250.00
EI Centro Chamber of Commerce 1095 S 4th St. EI Centro, CA 92243	CVC			65.00
The Meat Co. 237 West J St. Brawley, CA 92227	CVC			561.72

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

SUBTOTAL \$

Schedule F Accrued Expenses (Unpaid Bills)

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

CALIFORNIA
FORM
460

Page 12 of 15

Statement covers period
from 6/1/12
through 6/30/12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Stephen W Benson

I.D. NUMBER

1346483

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings

- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SUBTOTALS \$					

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 0
May be a negative number

SCHEDULE H
CALIFORNIA FORM 460

Statement covers period
from 6/1/12
through 6/30/12

Page 14 of 15

I.D. NUMBER
1346483

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Stephen W Benson

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD DATE DUE _____	(e) INTEREST RECEIVED RATE _____	(f) ORIGINAL AMOUNT OF LOAN DATE INCURRED _____	(g) CUMULATIVE LOANS TO DATE CALENDAR YEAR _____ PER ELECTION** \$ _____
		\$ _____	\$ _____	\$ _____	DATE DUE _____	_____ %	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** \$ _____
		\$ _____	\$ _____	\$ _____	DATE DUE _____	_____ %	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** \$ _____
		SUBTOTALS \$ _____	\$ _____	\$ _____	DATE DUE _____	_____ %	DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** \$ _____

* Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter (e) on Schedule I, Line 3)

Schedule H Summary

- Loans made this period \$.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans \$.00
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1) **NET \$** .00
(Enter the net here and on the Summary Page, Column A, Line 7.)

****If Required**

