nent FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California	iale Measure Proponent lale Measure Proponent FPPC Toll-Free He	Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent FPP	Ву		Executed on
# F	ponent or Responsible Officer of Sponsor	Signalure of Controlling Officeharder, Candidate, State Measure Proponent or Responsible Officer of Sponsor		04-12	5
les is true and complete. I certify	relin and in the attached schedu	owledge the information contained by	statement and to the best of my kn the foregoing is true and correct.	reparing and reviewing this of the State of California that	4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained bertin 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. S-24-12 By
	RESS	OPTIONAL: FAX I E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS
ODE AREA CODE/PHONE	STATE ZIP CODE	CITY	AREA CODE/PHONE	STATE ZIP CODE	CITY
42251 768- STEPHONE	STATE ZIP CO	NAME OF ASSISTANT TREASURER, IF ANY	812 ORE AREA CODE/PHONE 92251 760,554-47	STATE ZIP CC	STREET ADDRESS (NO PO BOX) (1) CO CITY MÁILING ADDRESS (IF DIFFERENT) NO. Á
812	des on	MAILING ADDRESS MAILING ADDRESS Control of the Author Au	Ruber APERIAL IRRIGATION Ct DIROCTUP DIV 2	ASAREZ TOIT	LY OD
		Treasurer(s)	IBER	I.D. NUMBER	3. Committee Information
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	<u>K</u> oo	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	All Committees Committee	1. Type of Recipient Committee: All committee Officeholder, Candidate Controlled Committee ORecall (Also Complete Part 5) General Purpose Committee OSponsored OSmall Contributor Committee OPolitical Party/Central Committee
For Official Use Only	RECEIVED BY.	6-5-2012	Igh 5-19-	throu	SEE INSTRUCTIONS ON REVERSE
ag	MAY 2 4 2012 P	Date of election if applicable: (Month, Day, Year)	Statement covers period	•	(Government Code Sections 04200-042103)
CALIFORNIA 460 2001/02 FORM	Date Stamp FILED REGISTRAD	ii.	Type or print in in	z	Recipient nmittee Campaign Statement Cover Page



	_	
Page A	CALIFORNIA FORM	COVER PAG
co	460	PAGE - PART 2

CITY STATE ZIP CODE AREA CODE/PHONE	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER CONTROLLED COMMITTEE? D YES D NO		COMMITTEE NAME ID NIMBER	MITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	RER	COMMITTEE NAME I.D. NUMBER	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	RAME OF OFFICEHOLDER OR CANDIDATE (as are 2)	. Officeholder or Candidate Controlled Committee
Attach continuation sheets if necessary		NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD OPPOSE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT	ffice		OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Identify the controlling officeholder, candidate, or state measure proponent, if any.	BALLOTNO. OR LETTER JURISDICTION SUPPORT OPPOSE	NAME OF BALLOT MEASURE	6. Primarily Formed Ballot Measure Committee



Campaign Disclosure Statement

Type or print in nuk.

SUMMARY PAGE

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)		Add Line 2 + Line 9 in Column B above \$	Outstanding Debts Add Line 2 + Lin
	from Lines 2, 7, and 9 (if any).	bts Astructions on reverse \$	s and Outstanding
	for this calendar year, only carry over the amounts	Schedule B, Part 2 \$	17. LOAN GUARANTEES RECEIVED
	period amounts. If this is		If this is a termination statement, Line 16 must be zero.
	figures that should be	then subtract Line 15 \$	ENDING CASH BALANCE Add Lines 12 + 13 + 14. then subtract Line 15
		Column A, Line 8 above	
*Amounts in this section may be different from amounts reported in Column B.	from Column B of your last	Schedule I, Line 4	14. Miscellaneous Increases to Cash
	amounts in Column A to the	Column A, Line 3 above	
\$	To calculate Column B. add	Previous Summary Page, Line 16 \$ 12,000	Current Cash Statement 12. Beginning Cash Balance Previous Su
\$	<i>.</i>	Add Lines 8 + 9 + 10 \$	TOTAL EXPENDITURES MADE
(mm/dd/yy)		Schedule C, Line 3	10. Nonmonetary Adjustment
Date of Election Total to Date		Schedule F, Line 3	Accrued Expenses (Unpaid Bills)
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	₩	Schedule H, Line 3 Add Lines 6 + 7 \$	SUBTOTAL CASH PAYMENTS
Expenditure Limit Summary for State Candidates	↔	Schedule E. Line 4 \$	Expenditures Made . Payments Made
	69	Add Lines 3+4 \$ 12 000	TOTAL CONTRIBUTIONS RECEIVED
20. Contributions Received \$\$\$	s .	Schedule C, Line 3	SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date		in 9	Loans Received
General Elections	A	School of the Control	Contributions
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TODATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
2 I.D. NUMBER	1602 201	Ruben Watchdos To	Omnother To Elact
5-19-122 Page 3 of 8	through _		EE INSTRUCTIONS ON REVERSE
Statement covers period CALIFORNIA 460	fro	Amounts may be rounded to whole dollars.	Summary Page

Scheduie A

Type or prin, ... ink.
Amounts may be rounded

	2
	ᇤ
)	2
);	F
	*

	 Amount received this period – unitemized monet Total monetary contributions received this period 	(include all Schedule A subtotals.)	Schedule A Summary				West,	May 22, 212-100	3781	1 ry ividuels		March 15,2012 Ruber	DATE FULL NAME, STREET RECEIVED	NAME OF FILER R) bed	SEE INSTRUCTIONS ON REVERSE	Wonetary Contributions Received
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	 Amount received this period – unitemized monetary contributions of less than \$100 Total monetary contributions received this period. 	(Include all Schedule A subtotals.)	d itemized monetary contributions				Wash 1 mg on a	\	Education Fund	chels	15250 A M. MODEL	Los Rodro DR 812	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (1F COMMITTEE, ALSO ENTER 1.D. NUMBER)	Wetchdoy (onnette to s	Received
umn A, Line 1	ns of less thar				SCC SCC	OSC COMPONIES	□scc		Ö	OSCC SCC	Scc	MOST NO STATE OF THE PROPERTY	CONTRIBUTOR CODE *	asare	Elect	6
.)TOTAL \$_	1 \$100 \$ _			SUBTOTAL\$			アンマン	Educational	16 7 7 7	Aroryrous		110	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	2 10 11 0		to whole dollars.
10/	1/0/	11 70		\$ 11 901				3,000		29 × 259		6,000	AMOUNT RECEIVED THIS PERIOD	1 roctor 1	through J- J	from 3-8-/2
E 00/	PTY - Political Party SCC - Small Contribu	COM – Recip	*Contributor Codes										CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	110 2 2017 1.D. NUMBER	9-12 Page.	1
EBBC Form A60 / (animari/05)	PTY – Political Party SCC – Small Contributor Committee	COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)	Codes 1al										PER ELECTION TO DATE (IF REQUIRED)	MBER	4/ of 189	CALIFORNIA 460

		14

Schedule B - Part 1

Type or print in ink.

SC
賣
שונה ר
۲ ٠.
ART

Schedule B-Part 1 Loans Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) READ OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) TO LAD OTH PTY SCC TO IND COM OTH PTY SCC	IF AN INDIVIDUAL ENTE OCCUPATION AND EMPLOY OF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	Amounts may be rounded to whole dollars. To EL p c t To IN PL p c t DIS trict OUTSTANDING BALANCE BEGINNING THIS PERIOD S S S S S S S S S S S S S	OUNT OUNT VED THIS RIOD	th th th the transfer of the t	tement cover 3-9-19 3-9-17 7-17 TATEQUE DATEQUE DATEQUE	(e) INTEREST PAID THIS PERIOD PERIOD	CALIFORNIA FORM Page 1.D. NUMBER 1.D. NUMBER CORIGINAL AMOUNT OF LOAN DATE INCURRED DATE INCURRED
WO RUDED DR B12 MIGEN /AL (A 925/ AD COM COTH CPTY CSCC	110	5-	060	FORGIVEN	!	RATE	DATE INC
			0 j C	FORGIVEN			
COM COTH PTY				\$ PAID			DATE INC
			- "	FORGIVEN		RATE	
TO IND COM OTH PTY SCC		\$	-		DATE DUE	\$ 	DATE INCURRED
		SUBTOTALS \$	6000\$	s	€		
Schedule B Summary 1. Loans received this period				\$	000	(Enter (e) on Schedule E, Line 3)	
(Total Column (b) plus unitemized loans of less than \$100.) Loans paid or forgiven this period	s of less than \$100.)		• • • • • • • • • • • • • • • • • • •	₩	F		†Contributor Codes IND – Individual COM – Recipient Committee
) paid or forgiven.) t are also itemized on Sche	dule A.)				2 7 0	(other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party
 Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2 	e 2 from Line 1.)y Page, Column A, Line 2.			NET \$ (May		(%	SCC - Small Contributor Committee

** If required.

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

Total contribution	2. Uniternized o	Schedule D Summary 1. Itemized contributions and										DATE	NAME OF FILES	SEE INSTRUCTIONS ON REVERSE	Schedule Losummary of Summary of Supporting/Condidates, I
Total contributions and independent expenditures made this period. (Add Lines 1 and 2.	2. Unitemized contributions and independent expenditures made this period of under \$100	Summary ributions and independ		☐ Support		☐ Support			Support	istrict Di	R-ben Casarez	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION OR COMMITTEE	John We	N REVERSE	Schedule L Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees
expenditures made this	ndent expenditures ma	ent expenditures made		Oppose		Oppose			Oppose	7	ifthe 6 Ariod	ICE, AND DISTRICT, OR TER AND JURISDICTION,	cholog (TANA	mmittees
s period. (Add Lines	de this period of unc	this period. (Include		Independent Expenditure	☐ Monetary Contribution ☐ Nonmonetary	Expenditure	Nonmonetary Contribution	Monetary Contribution	Expenditure	Nonmonetary Contribution	Monetary Contribution	TYPE OF PAYMENT	asare 2	to &/-	Type or print in ink. Amounts may be rounded to whole dollars.
1 and 2. Do not enter on the Summary Page.)	ler \$100	Schedule D Summary 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	SUBTOTAL		1 / Pross			のメン			KROP	DESCRIPTION (IF REQUIRED)	- To 110 PIV	4	n ink. rounded lars.
		,	\$ 5,000		2,400		7)	1 600			1,000	AMOUNT THIS PERIOD	12 20	through S-/9	Statement covers from 3-8-/
TOTAL \$	€9	€ 9	ALMA A									CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	1.D. NUMBER	Page	period CA
11,90/		11, 901	week Tale		2, 400			2600			180000	PER ELECTION TODATE (IF REQUIRED)	MBER	000	SC

	\$12		
9*11			
		9	k)
		12	

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

Type or print in ink.

SCHEDULED

		\$ 2000	\$UBTOTAL \$			
				Expenditure	☐ Support ☐ Oppose	
				☐ Nonmonetary Contribution		
The state of the s		600 00	Lower	Monetary Contribution		
÷				'	☐ Support ☐ Oppose	
			RaFFLE	Independent		
		,	Chavez	Nonmonetary		
		200 00	Casar	☐ Monetary Contribution		
			POT R	1	☐ Support ☐ Oppose	
			Societies?	Independent	0152	
			Brauley	Contribution	District Director	
		500/	Chauses	Contribution	imperial inhibation	
	•	00	(eser	Monetary	K-ben Casarer	
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT THIS PERIOD	DESCRIPTION (IF REQUIRED)	TYPE OF PAYMENT	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	DATE
I.D NUMBER	25	TO IND DI	doy CASANEL	Elect Ruber Wotchdon	non Her D	NAME OF FILER
000	Page	through 5 -) 7:			SEE INSTRUCTIONS ON REVERSE	SEE INSTRUCTIO
					Candidates, Measures and Committees	Candidate
CALIFORNIA 460	CAL	3.8.	e rounded bilars.	Amounts may be rounded to whole dollars.	Supporting/Opposing Other	Supportin

Schedule D Summary

æ	
3	
9Zi	
8	
Q	
으	
幸	
ਰ	
드	
₫.	
S	
യ	
ㅈ	
=	
indepe	
æ	
ĕ	
Ξ	
iden	
킀	
œ	
ő	
<u>Φ</u>	
Itemized contributions and independent expenditures made this period. (Include all Schedule D subtota	
쿧	
쿬	
Š	
3	
ည	
ਰ	
=	
nade this p	
ō	
<u> </u>	
<u>o</u> .	
ο.	
$\widehat{}$	
궁	
宣	
숖	
0)	
=	
တ္က	
꿁	
ሟ	
Ë	
æ	
D	
3	
5	
btot	
히	
્ટ	
:	
:	
:	
-	
010	
;	
:	
:	
:	
:	
:	
:	
:	
-07	

	10
l	$\frac{1}{2}$
	<u>e</u>
	E E
	ed
	8
•	ř
	ģ
	<u></u>
•	S
•	ano
	μ.
	ide
	pe
	nd.
	랊
	æ
	pe
	<u>a</u> .
	Ę
•	es
	ma
	de
	댴
•	ds
:	⊕ .
:	8
:	읈
	μď
•	ወ
	er \$10
	er \$100
	er \$100
)	er \$100
	2. Unitermized contributions and independent expenditures made this period of under \$100\$100 states and independent expenditures made this period of under \$100
	er \$100
	er \$100
	er \$100
	er \$100
	er \$100
	er \$100
	er \$100
	er \$100
	er \$100
	er \$100
	er \$100
	er \$100
	er \$100
	er \$100 \$_
	er \$100 \$
	er \$100 \$
	er \$100 \$

		¥

Schedule D Summary of Expenditures Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees See instructions on reverse Amounts may be rounded to whole dollars. Statement covers period Statement covers period
TYPE OF PAYMENT DESCRIPTION (IF REQUIRED)
Monetary Contribution Nonmonetary Contribution Independent Expenditure
Cppose
□ Oppose Expenditure

		,

FPPC Form 460 (January/0	ite Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Bys	Executed on Date
	ite Measure Proponent	Signature of Controlling Officeholder, Cendidate, State Measure Proponent	By	Executed on
	reasurer onent or Responsible Officer of Sponsor	Signature of Treasurer or Assistant Treasurer Signature of Controlling Officeholdes, Candidate, State Measure Proponent or Responsible Officer of Sponsor	By	
s is true and complete. I certify	contained herein and in the attached schedules is true and complete. I certify		his statement and to the best of my knov hat the foregoing is true and correct.	Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	ESS	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS
DE AREA CODE/PHONE	STATE ZIP.CODE	CITY	E AREA CODE/PHONE	CITY STATE ZIP CODE
		MAILING ADDRESS	*	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
DE AREA CODEPHONE	STATE ZIP CODE 05544757 ER, IF ANY	CITY Imperial Callf 92251 7605544757 NAME OF ASSISTANT TREASURER, IF ANY	7605544757 E AREA CODE/PHONE	1200 Rdeo Dr 812 Calif 92251 CITY STATE ZIP CODE
		Ruben Casarez MAILING ADDRESS 1200 Rodeo Dr 812	Imperial Irrigation	Committee to Elect Ruben Watchdog Casarez to Imperial Irrigation District Division 2 District Division 2
		Treasurer(s)	I.D. NUMBER	Committee Information 1.D.
Supplemental Preelection Statement - Attach Form 495	ation)	✓ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	(Also Complete Part 7) (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	(Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Prit O Political Party/Central Committee (Ass
Quarterly Statement Special Odd-Year Report	☑ Quarter	ਰ	complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee	cipient Committee: All Committees - Cer, Candidate Controlled Committee
For Official Use Only	OFC 9 6 2014	(Month, Day, Year)	from 6-30-17- through 12/51/18	E INSTRUCTIONS ON REVERSE
FORM Page of 7		Date of election if applicable:	Statement covers period	0-84216.5)
CALIFORMA / COVER PAGE	Date Stamp	*	Type or print i.	ecipie Committee ampaion Statement

	Attach continuation sheets if necessary	h continuatio	Attach	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY	
				OX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS	
□ SUPPORT	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		NAME OF TREASURER	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	L. NOMBEX		COMMENCE	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	ODE AREA CODE/PHONE	STATE ZIP CODE	COMMITTEE WAYS	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	OX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS	
names of	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	idate/Office for which this	7. Primarily Formed Candi officeholder(s) or candidate(s)	CONTROLLED COMMITTEE?		NAME OF TREASURER	
				I.D. NUMBER		COMMITTEE NAME	
ANA	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	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.	not included in this statement that are controlled by you or are primarily formed to receiv contributions or make expenditures on behalf of your candidacy.	not included in this staten contributions or make exp	
	OPONENT	DIDATE, OR PRO	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		Not believed in this of	Bolated Committee	
ponent, if any.	ling officeholder, candidate, or state measure proponent, if any.	eholder, can	Identify the controlling offic	CITY STATE ZIP	D STREET) 9225	RESIDENTIAL/BUSINESS ADDRESS (NO. AN 1200 Rodeo Dr 812 Imperial Calif	
OPPOSE	9				Imperial Irrigation District Director Division 2	Imperial Irrigation Dis	
SUPPORT	10	JURISDICTION	BALLOT NO. OR LETTER	T NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE	OFFICE SOUGHT OR HELD	
						Ruben Casarez	
			NAME OF BALLOT MEASURE		OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	
	Committee	t Measure (6. Primarily Formed Ballot Measure Committee	ittee	Officeholder or Candidate Controlled Committee		Çh.

.

.

Campaign Disclosure Statement

Type or print in ink.

SUMMARY PAGE

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)		s	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any).	\$	Cash Equivalents and Outstanding Debts 18. Cash Equivalents
	for this calendar year, only carry over the amounts	\$	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
			If this is a termination statement, Line 16 must be zero.
	figures that should be	φ 	NCE Add Lines 12 + 13 +
reported in Column B.	rom Count is or your last report. Some amounts in		15. Cash Payments
*Amounts in this section may be different from amounts	corresponding amounts		to Cook
	To calculate Column B, add	8	Beginning Cash Balance Previous
\$ 0)	Current Cash Statement
\$ 0	\$0	s0	11. TOTAL EXPENDITURES MADE
(mm/dd/yy)	0	0	10. Nonmonetary Adjustment Schedule C, Line 3
Date of Election Total to Date	0	0	9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3
22. Cumulative Expenditures Mader (If Subject to Voluntary Expenditure Limit)	\$ 0	8	8. SUBTOTAL CASH PAYMENTS Add Lines 6+7
	0	0	7. Loans Made Schedule H, Line 3
Expenditure Limit Summary for State Candidates	0	0	Expenditures Made 6. Payments Made Schedule E, Line 4
	\$	\$	5. TOTAL CONTRIBUTIONS RECEIVED
ditures 0			4. Nonmonetary Contributions Schedule C, Line 3
20. Contributions 0 \$ 0	\$	188	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2
7/1 through 6/30 //1 to Date	0	0	2. Loans Received Schedule B, Line 3
	\$	0	1. Monetary Contributions Schedule A, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received
1.5. NUMBER 134 6892			NAME OF FILER
6/30/12 Page 3 of 12	through .		SEE INSTRUCTIONS ON REVERSE
Statement covers period CALIFORNIA 460	fro	Amounts may be rounded to whole dollars.	Summary Page

		N)	

chedule A (Continuation Sheet) onetary Contributions Received

Ruben Casarez MEOFFILER

		Amounts may be rounded to whole dollars.	Type or print in ink.
	through 06/30/12	Statement covers period 05/20/12	
I.D. NUMBER	Page / of / C	CALIFORNIA 460	SCHEDULE A (CONT.)
◇	0	091	A (CONT.)

		-				NONE
	SCC COM					
	OTH OTH SCC		SCC SCC	SCC COM SCC CO	SCC COM SCC CO	
SUBTOTAL \$						NONE
€ 9						NONE
26 HM		•				NONE
						NONE

ND – Individual
COM – Recipient Committee
(other than PTY or SCC)
TH – Other (e.g., business entity)
TY – Political Party
CC – Small Contributor Committee

		8

chedul pan Gu

			SC JULEB-PART 2
pan Guarantors	Amounts may be rounded to whole dollars.	Statement covers period 05/20/12	CALIFORNIA 460
E INSTRUCTIONS ON REVERSE		through 06/30/12	Page 3 of 10
ME OF FILER			I.D. NUMBER
luben Casarez			
FILL NAME STREET ADDRESS AND	IF AN INDIVIDUAL, ENTER	AMOUNT	BAI ANCE

	Enter on Summary Page, Line 17 only.	•	SUBTOTAL \$			
	S				□scc	
	(IF REQUIRED)		DATE		D PTY	
0	9		LEGISTORIA		COM	
	CALENDAR YEAR					
	*				Scc	
	(IF REQUIRED)		DATE		ALA	
0	PER ELECTION		ENOER			
	CALENDAR YEAR					
	\$				scc	
	(IF REQUIRED)		DATE		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
C	PER ELECTION				COM	
o	CALENDAR YEAR		LENDER		DIND	
	\$				□scc	
	PER ELECTION (IF REQUIRED)		DATE		U PTY	
0	CALENDAR YEAR	NONE	LENDER	NONE	□ □ iND	ONE
BALANCE OUTSTANDING TODATE	CUMULATIVE	AMOUNT GUARANTEED THIS PERIOD	LOAN	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE	FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
						uben Casarez

chedule ב Continuation Sheet) ummary of Expenditur 의도

I.D. NUMBER	easures and Committees through 06/30/12 Page 5 of 10		cpenditures Amounts may be rounded to whole dollars. Statement covers period CALIFORNIA	SCHEDULE D (CONT.
	10	400	200	CON I.

		· • 0	SUBTOTAL				
				II .	port Dppose	Support	
				Contribution			
				☐ Monetary Contribution		none	
				l -	port Dppose	☐ Support	
				Nonmonetary Contribution			
				Monetary Contribution		none	
				1	port Dppose	Support	
				Nonmonetary Contribution Independent			
				☐ Monetary Contribution		none	
				1	port Doppose	☐ Support	
				Nonmonetary Contribution			
				☐ Monetary Contribution		none	
PER ELECTION AR YEAR TO DATE DEC. 31) (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	AMOUNT THIS PERIOD	DESCRIPTION (IF REQUIRED)	TYPE OF PAYMENT	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	NAME OF CAND MEASURE NUMB	DATE
I.D. NUMBER						sarez	MEOFFILER Ruben Casarez
FORM 460	112	from05/20/12 through06/30/12	iollars.	to whole dollars.	upporting/Opposing Other andidates, Measures and Committees	upporting/Opposing Other andidates, Measures and C	upportir andidat

ayments Made Continuation Sheet) chedu.

0 8 8 9

Ruben Casarez

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

E INSTRUCTIONS ON REVERSE

ME OF FILER

U

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

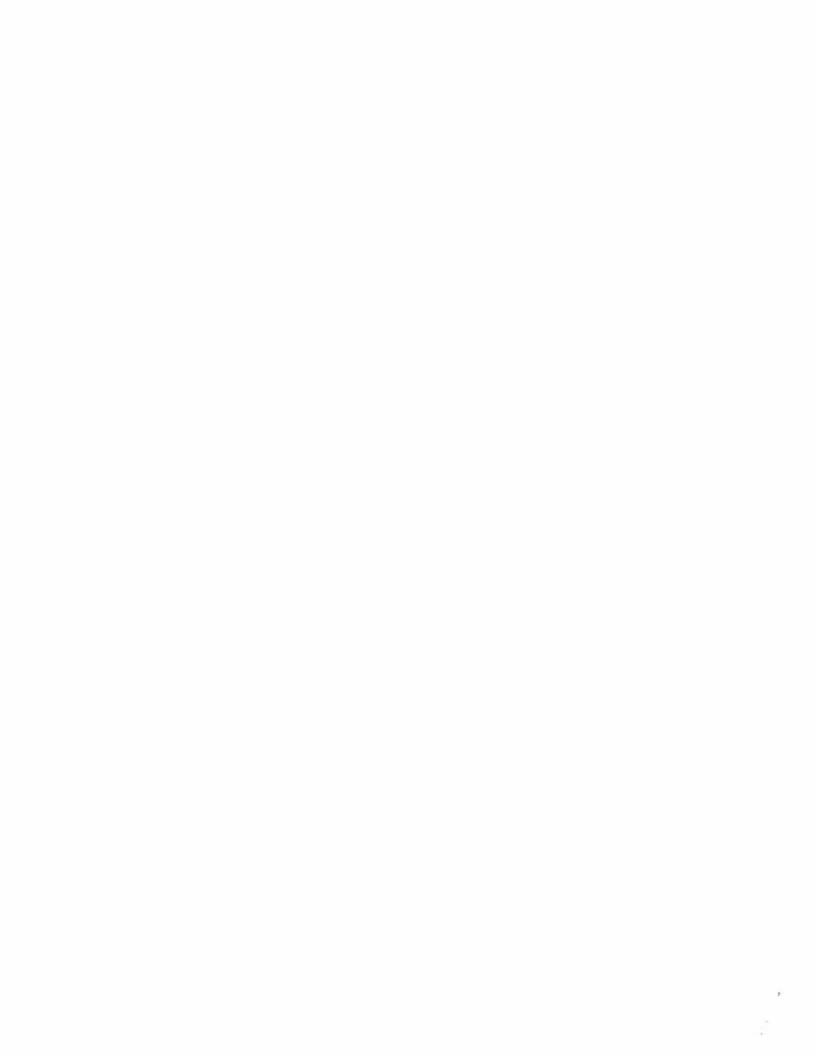
Statement covers period

05/20/12

CALIFORN FORM - TULE E (CONT.)

from. through 06/30/12 Page 6 .D. NUMBER

ayments that are contributions					NA ()F CC	campaign paraphernalia/misc. S campaign consultants B contribution (explain nonmonetary)* C civic donations C candidate filing/ballot fees C fundraising events independent expenditure supporting legal defense campaign literature and mailings
ayments that are contributions or independent expenditures must also be summarized on Schedule D.					NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations civic donations clandidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense legal iterature and mailings
o be sur						PROS PHE CHES
nmarized on S						member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal, print ads
chedule					CODE	nunication appearalies ating ating area responding area responding and is services (
D.					OR	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads
					DESCRIPT	RAD SAL TRS TRS TRS TSF VOT WEB
S					DESCRIPTION OF PAYMENT	D radio airtime and production costs D returned contributions L campaign workers' salaries L.v. or cable airtime and production costs C candidate travel, lodging, and meals S staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor T voter registration B information technology costs (internet, e-mail)
SUBTOTAL \$		38				on costs s oduction cost und meals y, and meals y, and the sar
**					AMOUNT PAID	s ne candidate/spor >-mail)
0		0	0	0		rost



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

hedule F

CALIFORNIA JULE F (CONT.)

ontinuation Sheet) Amounts may be rounded to whole dollars.	Statement covers period from 05/20/12	CALIFORNIA 460
	through06/30/12	Page 7 of 10
1E OF FILER		I.D. NUMBER
Ruben Casarez		

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

S campaign consultants B contribution (explain nonmonetary)* C civic donations candidate filing/ballot fees 7 fundraising events 1 independent expenditure supporting/opposing others (explain)* 3 legal defense campaign literature and mailings	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	nces earch messenger services (legal, accounting)	RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology costs	returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)	s me candidate/sponsor ⊱mail}
² ayments that are contributions or independent expenditures must also be summarized on Schedule D.	o be summarized on Schedule	D.			
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
ine	none	0	0	0	0

SUBTOTALS \$

0 69

0

0

0

8		