

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>	Date of election if applicable: (Month, Day, Year) <u>2012</u> <u>JUNE 5, 2012</u>	Date Stamp <u>2012 JUN 05 09:24 AM</u> Received Imperial County	CALIFORNIA FORM <b>460</b>
		Page <u>1</u> of <u>1</u>	For Official Use Only

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

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall  
(Also Complete Part 5)  
 General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

Primarily Formed Ballot Measure Committee  
 Controlled  
 Sponsored  
(Also Complete Part 6)  
 Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

Preflection Statement  
 Semi-annual Statement  
 Termination Statement  
(Also file a Form 410 Termination)  
 Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report  
 Supplemental Preflection Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect Bruce Kuhn

I.D. NUMBER \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
PO BOX 969

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

EL CENTRO CA 92244

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER  
KRISTY CURRY

MAILING ADDRESS  
1474 HWY 86

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

EL CENTRO CA 92243

NAME OF ASSISTANT TREASURER, IF ANY  
ANGELA SUCHMA

MAILING ADDRESS  
1156 Oak Ave

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

Heber CA 92249

OPTIONAL: FAX / E-MAIL ADDRESS 760-960-3154

**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 5/16/12 Date

By [Signature] Signature of Treasurer or Assistant Treasurer

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

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2  
CALIFORNIA  
FORM 460

Page \_\_\_\_\_ of 1

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**BRUCE KUHN**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**IMPERIAL IRRIGATION DISTRICT DIVISION #2**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**PO BOX 2684 EL CENTRO CA 92244**

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

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

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO ELECT BRUCE KUHN

Statement covers period  
from 01/01/2012  
through 03/17/2012

CALIFORNIA  
FORM  
**460**  
Page 1 of 1  
I.D. NUMBER

## Contributions Received

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

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$	\$
7. Loans Made .....	Schedule H, Line 3	
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 100.00	\$
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	
10. Nonmonetary Adjustment .....	Schedule G, Line 3	
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ 0	\$

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 0	
13. Cash Receipts .....	Column A, Line 3 above	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	
15. Cash Payments .....	Column A, Line 8 above \$ 100.00	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 100.00	

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

17. LOAN GUARANTEES RECEIVED .....

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....

19. Outstanding Debts .....

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

20. Contributions Received	1/1 through 6/30 \$ 100.00	7/1 to Date \$
21. Expenditures Made	\$	\$

## Expenditure Limit Summary for State Candidates

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

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

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

# Schedule A Monetary Contributions Received

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

STATEMENT A  
CALIFORNIA  
FORM  
**460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
COMMITTEE TO ELECT BRUCE KUHN

Statement covers period  
from 01/01/2012  
through 03/17/2012

Page 1 of 1

I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	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 <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
3/14/2012	JOE BRANNA EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
<b>SUBTOTAL \$</b>				100.00		

## 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 ..... \$ 100.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \_\_\_\_\_

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

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>01/01/2012</u> through <u>03/17/2012</u>	CALIFORNIA FORM <b>460</b>
Page <u>1</u> of <u>1</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**COMMITTEE TO ELECT BRUCE KUHN**

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

- |  |   |   |
|--|---|---|
| OKP 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 i.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                   |
| ND 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  |
| LT 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
RABO BANK PO BOX 969 EL CENTRO, CA 92244-0969		PRO	OPEN COMMITTEE TO ELECT BRUCE KUHN BANK ACCOUNT.	100.00

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

**SUBTOTAL \$ 100.00**

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

REGISTRATION OF VOTERS <b>MAY 24 2012</b> RECEIVED BY:		REGISTERAR OF VOTERS MAY 24 2012 RECEIVED BY:	RHE Stamp CALIFORNIA FORM <b>460</b>
Statement covers period from 1/1/2012 through 3/17/2012		Date of election if applicable: (Month, Day, Year) 6/5/2012	
		Page 1 of 4 For Official Use Only	

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

- Offholder, 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/Offholder 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)
- CLERICAL MISTAKE**
- Quarterly Statement  
 Special Odd-Year Report  
 Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

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

COMMITTEE TO ELECT BRUCE KUHN

I.D. NUMBER

Treasurer(s)

STREET ADDRESS (NO P.O. BOX)  
PO BOX 969

CITY  
EL CENTRO

STATE  
CA

ZIP CODE  
92243

AREA CODE/PHONE

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

CITY  
HEBER

STATE  
CA

ZIP CODE  
92249

AREA CODE/PHONE  
760-960-3154

OPTIONAL: FAX / E-MAIL ADDRESS

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 5/23/2012

Date

Executed on 5/23/2012

Date

Executed on \_\_\_\_\_

Date

Executed on \_\_\_\_\_

Date

By  Signature of Treasurer or Assistant Treasurer

By  Signature of Controlling Offholder, Candidate, Sponsor, Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_ Signature of Controlling Offholder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Offholder, 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  
**BRUCE KUHN**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**IMPERIAL IRRIGATION DISTRICT DIVISION #2**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**PO BOX 2684 EL CENTRO CA 92244**

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

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	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
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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 1/1/2012 through 3/17/2012	CALIFORNIA FORM 460
Page 3 of 4	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**COMMITTEE TO ELECT BRUCE KUHN**

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 100.00	\$ 100.00
2. Loans Received	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 100.00	\$ 100.00

## Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 0.00	\$ 0.00
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 0.00	\$ 0.00

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 0.00	
13. Cash Receipts	Column A, Line 3 above	100.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00	
15. Cash Payments	Column A, Line 8 above	0.00	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 100.00	

## LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0.00	
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0.00	

## 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.

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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE TO ELECT BRUCE KUHN

Statement covers period  
from 1/1/2012  
through 3/17/2012

Page 4 of 4

1.D NUMBER

CALIFORNIA  
FORM  
**460**

SCHEDULE A

DATE RECEIVED	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/14/2012	JOE BRANNA EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$100.00	\$100.00	\$100.00
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 100.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 100.00

\*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

**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>3/18/2012</u> through <u>5/19/2012</u>	Date of election if applicable: (Month, Day, Year) <u>6/5/2012</u>	FILED REGISTRAR OF VOTERS MAY 24 2012 RECEIVED BY:	CALIFORNIA FORM 460 Page <u>1</u> of <u>8</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  
 Sponsor  
 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)

**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)  
**COMMITTEE TO ELECT BRUCE KUHN**

I.D. NUMBER  
**PENDING**

**Treasurer(s)**

NAME OF TREASURER  
**KRISTY CURRY**

STREET ADDRESS (NO P.O. BOX)  
**PO BOX 969**

CITY STATE ZIP CODE AREA CODE/PHONE  
**EL CENTRO CA 92243**

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

MAILING ADDRESS  
**1474 HWY 86**

CITY STATE ZIP CODE AREA CODE/PHONE  
**EL CENTRO CA 92243 760-455-3404**

NAME OF ASSISTANT TREASURER IF ANY  
**ANGELA SUCHMA**

MAILING ADDRESS  
**1156 OAK AVE**

CITY STATE ZIP CODE AREA CODE/PHONE  
**HEBER CA 92249 760-960-3154**

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 5/23/2012

By \_\_\_\_\_

*[Signature]*

Signature of Treasurer or Assistant Treasurer

Executed on 5/23/2012

By \_\_\_\_\_

*[Signature]*

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

Executed on \_\_\_\_\_

By \_\_\_\_\_

Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on \_\_\_\_\_

By \_\_\_\_\_

Signature of Controlling Officer/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  
**BRUCE KUHN**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**IMPERIAL IRRIGATION DISTRICT DIVISION #2**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**PO BOX 2684 EL CENTRO CA 92244**

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

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	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  SUPPORT  OPPOSE

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

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA  
FORM  
**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT BRUCE KUHN

Statement covers period  
from 3/18/2012  
through 5/19/2012

Page 3 of 8

I.D. NUMBER  
PENDING

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 4,000.00	\$ 4,100.00
2. Loans Received	\$ 20,000.00	\$ 20,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 24,000.00	\$ 24,100.00
4. Nonmonetary Contributions	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 24,000.00	\$ 24,100.00

## Expenditures Made

6. Payments Made	\$ 13,569.13	\$ 13,569.13
7. Loans Made	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	\$ 13,569.13	\$ 13,569.13
9. Accrued Expenses (Unpaid Bills)	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	\$ 13,569.13	\$ 13,569.13

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts	Column A, Line 3 above	\$ 24,000.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0.00
15. Cash Payments	Column A, Line 8 above	\$ 13,569.13
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 10,530.87

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 20,000.00

## 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.

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**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period  
from 3/18/2012  
through 5/19/2012

Page 4 of 8

COMMITTEE TO ELECT BRUCE KUHN

I.D. NUMBER  
PENDING

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)
4/5/2012	MICHAEL & KERRI ABATTI 1205 AURORA DR EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MICHAEL ABATTI FARMS	\$1,500.00	\$1,500.00	\$1,500.00
4/27/2012	MADJAC FARMS PO BOX 2135 EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	\$2,500.00
<b>SUBTOTAL \$</b>				<b>\$4,000.00</b>		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals ) ..... \$ 4,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1 ) ..... **TOTAL \$** \$4,000.00

\*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 3/18/2012  
through 5/19/2012

Page 5 of 8  
I.D. NUMBER  
**PENDING**

**CALLIFORNIA 460 FORM**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**COMMITTEE TO ELECT BRUCE KUHN**

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	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
<small>(a)</small>	<small>(b)</small>	<small>(c)</small>	<small>(d)</small>	<small>(e)</small>	<small>(f)</small>	<small>(g)</small>	<small>(h)</small>	<small>(i)</small>
BRUCE KUHN 1240 DREW RD EL CENTRO, CA 92243	KUHN FARMS	\$ 0	\$ 20,000	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 20,000 12/31/12	0 %	\$ 20,000 4/4/2012	CALENDAR YEAR \$ 20,000 PER ELECTION** \$ 20,000
<input checked="" 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"/> PAID <input type="checkbox"/> FORGIVEN				CALENDAR YEAR \$ _____ 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				CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS \$</b>		\$ _____	\$ _____	\$ _____	\$ _____		\$ _____	\$ _____

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

## Schedule B Summary

- Loans received this period ..... \$ 20,000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(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 \$** 20,000.00  
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 E  
Payments Made**

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

Statement covers period  
from 3/18/2012  
through 5/19/2012

Page 6 of 8

**CALIFORNIA  
FORM 460**

I.D. NUMBER  
**PENDING**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**COMMITTEE TO ELECT BRUCE KUHN**

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
IMPERIAL VALLEY PRESS 205 N 8TH ST EL CENTRO, CA 92243	PRT		NEWSPAPER ADVERTISEMENT	\$3,200.00
IMPERIAL PRINTERS 430 W MAIN ST EL CENTRO, CA 92243	CMP		SIGNS	\$2,424.00
CLUB DE LOS AMIGOS 1002 6TH ST CALEXICO, CA 92231	CVC		CIVIC DONATION	\$200.00
<b>SUBTOTAL \$</b>				<b>5,824.00</b>

\* 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.) ..... \$ 13,569.13
- Unitemized payments made this period of under \$100 ..... \$ 0.00
- 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 \$** 13,569.13

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

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO ELECT BRUCE KUHN

Statement covers period  
from 3/18/2012  
through 5/19/2012

Page 7 of 8

CALIFORNIA  
FORM 460

SCHEDULE E (CONT.)

I.D. NUMBER  
PENDING

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
- CTR contribution (explain nonmonetary)\*
- CVC civic donations
- FLD 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
HILDALGO SOCIETY SOFTBALL 410 S CESAR CHAVEZ ST BRAWLEY, CA 92227	CVC		CIVIC DONATION	\$1,000.00
HEBER CHESS CLUB 1052 HEBER AVE HEBER, CA 92249	CVC		CIVIC DONATION	\$500.00
DESERT REVIEW, PO BOX 1236 BRAWLEY, CA 92227	CMP		ADVERTISING	\$700.00
HILDALGO SOCIETY 410 S CESAR CHAVEZ ST BRAWLEY, CA 92227	CVC		CIVIC DONATION	\$400.00
KXO RADIO 420 W MAIN ST EL CENTRO, CA 92243	RAD		RADIO ADVERTISEMENT	4,658.00

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

SUBTOTAL \$ 7,258.00



**Recipient Committee Campaign Statement Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period from <u>5/20/2012</u> through <u>6/30/2012</u>	Date of election if applicable: (Month, Day, Year) <u>6/5/2012</u>	Date Stamp <b>REGISTRAR OF VOTERS</b> <b>JUL 27 2012</b> RECEIVED BY: _____	CALIFORNIA FORM <b>460</b> Page <u>1</u> of <u>7</u> For Official Use Only
SEE INSTRUCTIONS ON REVERSE			

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

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

**2. Type of Statement:**

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

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) \_\_\_\_\_ I.D. NUMBER 1348223

COMMITTEE TO ELECT **BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2- 2012**

STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_  
 PO BOX 969 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

EL CENTRO CA 92244 760-353-0050

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

EL CENTRO CA 92244 760-455-3404

MAILING ADDRESS \_\_\_\_\_

PO BOX 969 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

EL CENTRO CA 92244 760-960-3154

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 7/26/2012 Date

Executed on 7/26/2012 Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Treasurer or Assistant Treasurer

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

By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officer/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  
**BRUCE KUHN**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**PO BOX 2684 EL CENTRO CA 92244**

**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	
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	
CITY STATE ZIP CODE AREA CODE/PHONE	

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION  SUPPORT  OPPOSE

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

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<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.

Statement covers period  
 from 5/20/2012 through 6/30/2012  
 Page 3 of 7  
 CALIFORNIA FORM 460  
 I.D. NUMBER 1348223

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
**COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 1,000.00	\$ 5,100.00
2. Loans Received	\$ 10,000.00	\$ 30,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 11,000.00	\$ 35,100.00
4. Nonmonetary Contributions	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 11,000.00	\$ 35,100.00

**Expenditures Made**

6. Payments Made	\$ 4,616.00	\$ 18,185.13
7. Loans Made	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	\$ 4,616.00	\$ 18,185.13
9. Accrued Expenses (Unpaid Bills)	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	\$ 4,616.00	\$ 18,185.13

**Current Cash Statement**

	Previous Summary Page, Line 16	
12. Beginning Cash Balance	\$ 10,530.87	
13. Cash Receipts	\$ 11,000.00	Column A, Line 3 above
14. Miscellaneous Increases to Cash	\$ 0.00	Schedule I, Line 4
15. Cash Payments	\$ 4,616.00	Column A, Line 8 above
16. ENDING CASH BALANCE	\$ 16,914.87	Add Lines 12 + 13 + 14, then subtract Line 15

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

17. LOAN GUARANTEES RECEIVED \$ 0.00 Schedule B, Part 2

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents	\$ 0.00	See instructions on reverse
19. Outstanding Debts	\$ 30,000.00	Add Line 2 + Line 9 in Column B above

**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.

Statement covers period  
from 5/20/2012  
through 6/30/2012

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_  
COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2  
I.D. NUMBER 1348223

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTERED, NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
4/5/2012	MICHAEL & KERRI ABATTI 1205 AURORA DR EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MICHAEL ABATTI FARMS	0.00	\$1,500.00	\$1,500.00
4/4/2012	JERRY BARANA 2230 SANDALWOOD EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	0.00	\$100.00	\$100.00
4/27/2012	MADJAC FARMS PO BOX 2135 EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		0.00	\$2,500.00	\$2,500.00
7/6/2012	THE FRITZ W AND MADELINE L KUHN TRUST A DTD 4/7417 MEDINA DR W PALM DESERT, CA 92260-5855	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
<b>SUBTOTAL \$</b>				1,000.00		

## Schedule A Summary

- Amount received this period – itemized monetary contributions:  
(Include all Schedule A subtotals.) ..... \$ 1,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0.00
- Total monetary contributions received this period:  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1,000.00

\*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 5/20/2012  
through 6/30/2012

Page 5 of 7

**CALIFORNIA  
FORM 460**

SCHEDULE B - PART 1

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

I.D. NUMBER  
1348223

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
BRUCE KUHN 1240 DREW RD EL CENTRO, CA 92243	KUHN LAND LEVELING	\$ 20,000	\$ 10,000	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 30,000 12/31/12 DATE DUE	0 % RATE	\$ 20,000 4/4/2012 DATE INCURRED	CALENDAR YEAR \$ 20,000 PER ELECTION**
<input checked="" 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				CALENDAR YEAR \$ _____ 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				CALENDAR YEAR \$ _____ PER ELECTION**
<b>SUBTOTALS \$</b>		<b>10,000 \$</b>	<b>0 \$</b>	<b>0 \$</b>	<b>30,000 \$</b>	<b>0 %</b>	<b>0</b>	

**Schedule B Summary**

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

- Loans received this period ..... \$ 10,000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(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 \$ 10,000.00**  
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  
(other than PTY or SCC)  
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 E  
Payments Made**

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

STATEMENT E  
CALIFORNIA  
FORM **460**

Statement covers period  
from 5/20/2012  
through 6/30/2012

Page 6 of 7

I.D. NUMBER  
1348223

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2**

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CNP | 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                |
| FLI | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staffs/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  |
| LT  | 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
KROP 120 S PLAZA ST BRAWLEY, CA 92227	RAD		RADIO AIR TIME	\$1,216.00
AMERICAN CITIZENS CLUB	CVC		CIVIC DONATION	\$150.00
IV PRESS 205 N 8TH ST EL CENTRO, CA 92243	PRT		NEWSPAPER ADS	\$3,000.00
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>				<b>SUBTOTAL \$ 4,366.00</b>

**Schedule E Summary**

- Itemized payments made this period: (Include all Schedule E subtotals) ..... \$ 4,616.00
- Unitemized payments made this period of under \$100 ..... \$ 0.00
- 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 \$ 4,616.00**

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>5/20/2012</u> through <u>6/30/2012</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>7</u>	I.D. NUMBER 1348223

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

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

- |   |   |   |
|---|---|---|
| OWP 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  |
| LT 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
ANTHONY GARCIA FOUNDATION	CVC			\$250.00

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

**SUBTOTAL \$ 250.00**

**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 7/1/2012  
through 10/5/2012

Date of election if applicable:  
(Month, Day, Year)  
11/6/2012

FILED  
REGISTRAR OF VOTERS  
OCT 05 2012  
RECEIVED BY: \_\_\_\_\_  
CALIFORNIA FORM 460  
Page 1 of 8  
For Official Use Only

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
  - State Candidate Election Committee
  - Recall (Also Complete Part 5)
  - General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
  - Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored (Also Complete Part 6)
  - Primarily Formed Candidate/Officeholder 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)  
COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2- 2012

STREET ADDRESS (NO P.O. BOX)  
PO BOX 969

CITY EL CENTRO STATE CA ZIP CODE 92244 AREA CODE/PHONE 760-353-0050

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER  
KRISTY CURRY

MAILING ADDRESS  
1474 HWY 86

CITY EL CENTRO STATE CA ZIP CODE 92243 AREA CODE/PHONE 760-455-3404

NAME OF ASSISTANT TREASURER, IF ANY  
ANGELA SUCHMA

MAILING ADDRESS  
PO BOX 969

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 10/5/2012 By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on 10/5/2012 By [Signature]  
Signature of Controlling Officer/Candidate, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ By \_\_\_\_\_  
Signature of Controlling Officer/Candidate, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ By \_\_\_\_\_  
Signature of Controlling Officer/Candidate, Candidate, State Measure Proponent

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

Type or print in ink.

CALIFORNIA  
FORM **460**

COVER PAGE - PART 2

Page 2 of 8

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**BRUCE KUHN**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**PO BOX 2684 EL CENTRO CA 92244**

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

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 7/1/2012  
through 10/5/2012

Page 3 of 8

I.D. NUMBER  
1348223

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 1422.00	6522.00
2. Loans Received .....	Schedule B, Line 3 19000.00	49000.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 20422.00	55522.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 20422.00	55522.00

## 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 35826.24	54011.37
7. Loans Made .....	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 36667.24	54011.37
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 0.00	0.00
10. Nonmonetary Adjustment .....	Schedule G, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 36667.24	54011.37

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (# 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 16914.87	\$ _____
13. Cash Receipts .....	Column A, Line 3 above 20422.00	20422.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 0.00	0.00
15. Cash Payments .....	Column A, Line 8 above 36667.24	36667.24
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 1510.63	1510.63

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

17. LOAN GUARANTEES RECEIVED .....

Schedule B, Part 2  
0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse 0.00	\$ _____
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above 49000.00	\$ _____

\*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).

# Schedule A Monetary Contributions Received

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

SCHEDULE A  
**CALIFORNIA  
FORM 460**

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 7/1/2012  
through 10/5/2012

Page 4 of 8

NAME OF FILER: COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

I.D. NUMBER  
1348223

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTERED, ID NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
4/5/2012	MICHAEL & KERRI ABATTI 1205 AURORA DR EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MICHAEL ABATTI FARMS	0.00	\$1,500.00	\$1,500.00
4/4/2012	JOE BARANA 2230 SANDALWOOD EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	0.00	\$100.00	\$100.00
4/27/2012	MADJAC FARMS PO BOX 2135 EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		0.00	\$2,500.00	\$2,500.00
7/6/2012	THE FRITZ W AND MADELINE L KUHN TRUST A DTD 47417 MEDINA DR W PALM DESERT, CA 92260-5855	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		0.00	\$1,000.00	\$1,000.00
9/25/2012	JOE BARANA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$100.00	\$200.00	\$200.00
<b>SUBTOTAL \$</b>					100.00	

## Schedule A Summary

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,100.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 322.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1,422.00

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

**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 7/1/2012  
through 10/5/2012

Page 8 of 8

NAME OF FILER: COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2 I.D. NUMBER: 1348223

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)
9/11/2012	WEST-GRO FARMS, INC. PO BOX 1748 EL CENTRO, CA 92244	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	0.00	\$500.00
9/14/2012	PREECE FARMS 2646 E. DEALWOOD 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		\$500.00	0.00	\$500.00
				<b>SUBTOTAL \$</b>	1,000.00	

\*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 7/1/2012  
through 10/5/2012

**CALIFORNIA  
FORM 460**

SCHEDULE B - PART 1

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

I.D. NUMBER  
1348223

Page 5 of 8

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
BRUCE KUHN 1240 DREW RD EL CENTRO, CA 92243	KUHN LAND LEVELING	\$ 30,000	\$ 15,000	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 45,000 12/31/12	0 % 0	\$ 15,000	CALENDAR YEAR \$ 45,000 PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
BRUCE KUHN 1240 DREW RD EL CENTRO, CA 92243	KUHN LAND LEVELING	\$ 45,000	\$ 4,000	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 49,000	% RATE	\$ 4,000	CALENDAR YEAR \$ 49,000 PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<b>SUBTOTALS \$</b>		<b>19,000 \$</b>	<b>0 \$</b>	<b>49,000 \$</b>	<b>0</b>			

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

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

CALENDAR YEAR  
PER ELECTION\*\*

- Loans received this period ..... \$ 49,000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(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 \$** 49,000.00  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

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

**Schedule E  
Payments Made**

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

Statement covers period  
from 7/1/2012  
through 10/5/2012

CALIFORNIA  
FORM  
**460**

SCHEDULEE

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

Page 6 of 8  
I.D. NUMBER  
1348223

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

- GMP 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
- OFI 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
- TSE 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
DESERT CRUISERS CAR CLUB EL CENTRO, CA 92243	CVC		CIVIC DONATION	\$200.00
IMPERIAL COUNTY ELECTIONS DEPARTMENT 940 MAIN STREET SUITE 206 EL CENTRO, CA 92243	FIL		CANDIDATE FILING	\$300.00
IMPERIAL VALLEY LIVING 2419 IMPERIAL BUSINESS PARK DRIVE IMPERIAL, CA 92251			RADIO AIR TIME; PRINT SPACE; NEWSPAPER; WEBSITE COSTS	\$27,809.62
<b>SUBTOTAL \$</b>				<b>28,309.62</b>

\* 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.) ..... \$ 35,746.24
2. Unitemized payments made this period of under \$100 ..... \$ 80.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 35,826.24**

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/2012</u> through <u>10/5/2012</u>	CALIFORNIA FORM <b>460</b>
Page <u>7</u> of <u>8</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2**

ID NUMBER  
1348223

**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
- 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
- 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
- TSE 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
IMPERIAL PRINTERS 430 MAIN ST. EL CENTRO, CA 92243	CMP		CAMPAIGN FLYERS, YARD SIGNS	\$4,384.98
SPORTS INTERNATIONAL 218 HEFFERNAN AVE. CALEXICO, CA 92231	CMP		CAMPAIGN T-SHIRTS, HATS	\$2270.00
HILDAGO SOCIETY 410 S CEASER CHAVEZ ST. BRAWLEY, CA 92227	CVC		CIVIC DONATION	\$100.00
SACRED HEART PARISH 402 S. IMPERIAL AVE. BRAWLEY, CA 92227	CVC		CIVIC DONATION	\$150.00
CITY OF CALEXICO 608 HEBER AVE. CALEXICO, CA 92231	FND		INSURANCE COST / RENTAL OF PARK IN CALEXICO	\$400.00

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

**SUBTOTAL \$ 7845.98**





**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period from 10/1/2012 through 10/20/2012	Date of election if applicable: (Month, Day, Year) 6/5/2012	<b>FILED</b> <b>REGISTRAR OF VOTERS</b> <b>OCT 25 2012</b> <b>RECEIVED BY:</b>	<b>COVER PAGE</b> <b>CALIFORNIA</b> <b>FORM 460</b>

SEE INSTRUCTIONS ON REVERSE

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

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

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

Primarily Formed Ballot Measure Committee  
 Controlled  
 Sponsored  
(Also Complete Part 6)

Primarily Formed Candidate/Officeholder 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)  
**COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2- 2012**

STREET ADDRESS (NO P.O. BOX)  
**PO BOX 969**

CITY STATE ZIP CODE AREA CODE/PHONE  
**EL CENTRO CA 92244 760-353-0050**

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)  
**PO BOX 969**

CITY STATE ZIP CODE AREA CODE/PHONE  
**EL CENTRO CA 92244 760-353-0050**

OPTIONAL FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
**KRISTY CURRY**

MAILING ADDRESS  
**1474 HWY 86**

CITY STATE ZIP CODE AREA CODE/PHONE  
**EL CENTRO CA 92243 760-455-3404**

NAME OF ASSISTANT TREASURER, IF ANY  
**ANGELA SUCHMA**

MAILING ADDRESS  
**PO BOX 969**

CITY STATE ZIP CODE AREA CODE/PHONE  
**EL CENTRO CA 92244 760-960-3154**

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 10/25/2012 By Supalla Suchma Signature of Treasurer or Assistant Treasurer

Executed on 10/25/2012 By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on \_\_\_\_\_ By \_\_\_\_\_ Signature of Controlling Officer/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  
**BRUCE KUHN**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**PO BOX 2684 EL CENTRO CA 92244**

**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  
**CALIFORNIA FORM 460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER: COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2  
Statement covers period from 10/1/2012 through 10/20/2012  
Page 3 of 7  
I.D. NUMBER 1348223

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 3,000.00	\$ 9,522.00
2. Loans Received	Schedule B, Line 3 \$ 11,000.00	\$ 60,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 14,000.00	\$ 69,522.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 150.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 14,150.00	\$ 69,672.000

## 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	\$ _____	\$ _____

## Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 11,896.09	\$ 65,907.46
7. Loans Made	Schedule H, Line 3 \$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 11,896.09	\$ 65,907.46
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 11,896.09	\$ 65,907.46

## 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 \$ 1,510.63	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).
13. Cash Receipts	Column A, Line 3 above \$ 14,150.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0.00	
15. Cash Payments	Column A, Line 8 above \$ 11,896.09	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3,764.54	

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00
18. Cash Equivalents	See instructions on reverse \$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 60,000.00

\*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 10/1/2012  
through 10/20/2012

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

I.D. NUMBER  
1348223

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)
4/5/2012	MICHAEL & KERRI ABATTI 1205 AURORA DR EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MICHAEL ABATTI FARMS	-0-	\$1,500.00	\$1,500.00
4/4/2012	JERRY BARANA 2230 SANDALWOOD EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	-0-	\$100.00	\$100.00
4/27/2012	MADJAC FARMS PO BOX 2135 EL CENTRO, CA 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2500.00	\$2,500.00	\$5,000.00
7/6/2012	THE FRITZ W AND MADELINE L KUHN TRUST A DTD 47417 MEDINA DR W PALM DESERT, CA 92260-5855	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-0-	\$1,000.00	\$1,000.00
9/25/2012	JOE BARANA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	-0-	\$200.00	\$200.00
<b>SUBTOTAL \$</b>				<b>\$2500.00</b>		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 3,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ -0-
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \$3,000.00

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

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

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

SCHEDULE A (CONT)

CALIFORNIA  
FORM **460**

Statement covers period  
from 10/1/2012  
through 10/20/2012

Page 7 of 7

NAME OF FILER  
**COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2**

I.D. NUMBER  
**1348223**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTERED NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
9/11/2012	WEST-GRO FARMS, INC. P.O. BOX 1748 EL CENTRO, CA 92244	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-0-	\$500.00	\$500.00
9/14/2012	PREECE FARMS 2646 E. DEALWOOD EL CENTRO, CA 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-0-	\$500.00	\$500.00
10/12/2012	JOHN KUHN AUGUSTA (SHEA) PORCHER KUHN E/C	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	-0-	\$500.00
<b>SUBTOTAL \$</b>				\$500.00		

\*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 10/1/2012  
through 10/20/2012

**CALIFORNIA  
FORM 460**

SCHEDULE B - PART 1

Page 5 of 7

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

ID. NUMBER  
1348223

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (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
BRUCE KUHN 1240 DREW RD EL CENTRO, CA 92243	KUHN LAND LEVELING	\$ 49,000	\$ 11,000	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 60,000 12/31/12 DATE DUE	0 % -0-	\$ 11,000 4/4/2012 DATE INCURRED	CALENDAR YEAR 60,000 PER ELECTION** 60,000
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								CALENDAR YEAR
<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**
<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**
<b>SUBTOTALS \$</b>		<b>11,000 \$</b>	<b>-0- \$</b>	<b>60,000 \$</b>	<b>0</b>			

**Schedule B Summary**

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

- Loans received this period ..... \$ 11,000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(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 \$ 11,000.00**  
(May be a negative number.)

**T 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 E  
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

I.D. NUMBER  
1348223

Statement covers period  
from 10/1/2012  
through 10/20/2012

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| GNP | 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   | FET | 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  |
| LT  | 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
BRAWLEY AMERICAN CITIZENS CLUB	CVC		CIVIC DONATION	\$150.00
HILDALGO SOCIETY	CVC		CIVIC DONATION	\$150.00
BAJA RUNNERS CAR CLUB	CVC		CIVIC DONATION	\$2,000.00
<b>SUBTOTAL \$</b>				<b>\$2,300.00</b>

\* 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.) ..... \$ 65,907.46
- Unitemized payments made this period of under \$100 ..... \$ 0.00
- 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 \$ 65,907.46**

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

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

Statement covers period from 10/1/2012 through 10/20/2012	CALIFORNIA FORM <b>460</b>
Page 7 of 7	SCHEDULE E (CONT.)

ID NUMBER  
1348223

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

CNP 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
EL CENTRO COMMUNITY SENIOR CLUB EL CENTRO, CA 92243	CVC		CIVIC DONATION	\$150.00
CLUB DE LOS AMIGOS EL CENTRO, CA 92243	CVC		CIVIC DONATION	\$100.00
JORGE TOPET	CVC		CIVIC DONATION	\$120.00
BRINCOLINA'S 2536 ROCKWOOD AVE. SUITE 103 CALEXICO, CA 92231	CVC		CIVIC DONATION	\$300.00
CITY OF CALEXICO 608 HEBER AVE. CALEXICO, CA 92231	CVC		CIVIC DONATION (HALLO-WOOF-OWEEN)	\$250.00

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

**SUBTOTAL \$** \$920.00

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

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

Statement covers period from <u>10/1/2012</u> through <u>10/20/2012</u>	<b>CALIFORNIA FORM 460</b>
Page <u>    </u> of <u>7</u>	<b>SCHEDULE E (CONT.)</b>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2**

I.D. NUMBER  
1348223

**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)*	OCG 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	PHD 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
LT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
IRMA RIOS	SAL	WALKER		\$200.00
MIGUEL MIRANDA	SAL	WALKER		\$200.00
LEONARDO RIOS	SAL	WALKER		\$200.00
ATLANA HUERTA	SAL	WALKER		\$200.00
HECTOR ACUNA	SAL	WALKER		\$272.00

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

**SUBTOTAL \$ \$1000.00**

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

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

Statement covers period  
from 10/1/2012  
through 10/20/2012

Page 7 of 7

**CALIFORNIA  
FORM 460**

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

ID NUMBER  
1348223

**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
- FHO 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 i.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
MARIA ACUNA	SAL		WALKER	\$272.00
ALMA GURRERO	SAL		WALKER	\$272.00
MARIA DE LOS ANGELES	SAL		WALKER	\$272.00
JOSE GURRERO	SAL		WALKER	\$272.00
FLORENCIO ACUNA	SAL		WALKER	\$272.00

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

**SUBTOTAL \$ 1,360.00**

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

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

STATEMENT COVERS PERIOD  
from 10/1/2012 through 10/20/2012

CALIFORNIA FORM 460  
Page 7 of 7

I.D. NUMBER 1348223

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

**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
- FL candidate filing/ballot fees
- FND fundraising events
- ND 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 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
- VOI 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
JULIO CARINO	SAL	WALKER		\$262.00
LIDIA ARACELI RUBY	SAL	WALKER		\$162.00
GARY ROE	SAL	WALKER		\$123.00
PEDRO CARINO	SAL	WALKER		\$262.00
CHRIS BOWEN	SAL	WALKER		\$328.00

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

**SUBTOTAL \$ 1,137.00**

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

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

Statement covers period from 10/1/2012 through 10/20/2012	CALIFORNIA FORM <b>460</b>
Page _____ of 7	I.D. NUMBER 1348223

SCHEDULE E (CONT.)

**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
ONS 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
MND 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
R. CASAREZ	PHO		PHONE BANKS	\$841.00
IMPERIAL VALLEY LIVING	TEL		PRINT SPACE - NEWSPAPER - RADIO	\$3,816.09

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

**SUBTOTAL \$ 4,657.09**