

**Recipient, Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

REGISTRATION OF VOTERS

CALIFORNIA FORM 460

OVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2011
through 06/30/2011

Date of election if applicable
(Month, Day, Year)

JUL 04 2012

Page 1 of 3
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 Candidate/Officeholder Committee (Also Complete Part 6)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 1326377

Treasurer(s)

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

NAME OF TREASURER
RODOLFO J. MADDONARD

STREET ADDRESS (NO P.O. BOX)
800 KEMP CT.

MAILING ADDRESS
829 SOLOROK BLVD. #1

CITY CALEXICO STATE CA ZIP CODE 92231 AREA CODE/PHONE 7607913717

CITY CALEXICO STATE CA ZIP CODE 92231 AREA CODE/PHONE

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 06/28/2012

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 07/25/2012

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

Executed on _____

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Propponent

Executed on _____

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Propponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2
CALIFORNIA
FORM 460
Page 2 of 3

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Rudolfo J. Maldonado

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
110 DIRECTOR DIV. 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
424 JALVADOR SMITH CRUCES CA. 92231

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		
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		

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

Statement covers period
 from 01/01/2011
 through 06/30/2011

Page 3 of 3

I.D. NUMBER
1326377

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Roberto J. Maldonado

Contributions Received

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

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

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

20. Contributions Received \$ 0

21. Expenditures Made \$ 0

Expenditures Made

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

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

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 11,388	\$
13. Cash Receipts	Column A, Line 3 above \$ 0	\$
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0	\$
15. Cash Payments	Column A, Line 8 above \$ 1,338	\$
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 10,050	\$

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0	\$
18. Cash Equivalents	See instructions on reverse \$ 0	\$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0	\$

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.

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in

REGISTRAR OF VOTERS

FILED Date Stamp

Statement covers period from 07/01/2011 through 12/31/2011

Date of election if applicable (Month, Day, Year)

NOV 04 2012

Page 1 of 3
For Official Use Only

CALIFORNIA 460 FORM

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
MR MADONARDI FOR 11D

I.D. NUMBER 1326377

Treasurer(s)

NAME OF TREASURER
ROBERT J. MADONARDI

STREET ADDRESS (NO P.O. BOX)
800 ELMOR CT.

MAILING ADDRESS
929 S WILPOKE GABLES

CITY COLLETON STATE CA ZIP CODE 92231 AREA CODE/PHONE 7607913117

CITY COLLETON STATE CA ZIP CODE 92231 AREA CODE/PHONE 7607913117

OPTIONAL: FAX / E-MAIL ADDRESS
rmdjmadonardi@hotmail.com

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 09/28/2012 Date
Executed on 09/28/2012 Date
Executed on 09/28/2012 Date

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

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

Redolfo J. Maldonado

Statement covers period
from 02/01/2011
through 12/31/2011

CALIFORNIA
FORM **460**
Page 3 of 3
I.D. NUMBER
1322377

Contributions Received

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

Expenditures Made

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 1,138
13. Cash Receipts	Column A, Line 3 above	\$ 0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0
15. Cash Payments	Column A, Line 8 above	\$ 0
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ 1,138

LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0

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

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

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)	/ /	\$
	/ /	\$

*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).

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

	Date Stamp FILED REGISTRAR OF VOTERS OCT 04 2012	CALIFORNIA FORM 460
Statement covers period from <u>01/01/2012</u> through <u>06/30/2012</u>	Date of election if applicable: (Month, Day, Year) <u>OCT 04 2012</u>	Page <u>1</u> of <u>3</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
 - 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 I.D. NUMBER 1326377

Treasurer(s)

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Maldonado for 115

NAME OF TREASURER
Koddy J. Maldonado

STREET ADDRESS (NO. P.O. BOX)
800 KEMP CT.

MAILING ADDRESS
622 S. Seward Blvd

CITY CALEXICO STATE CA ZIP CODE 92231 AREA CODE/PHONE 7607915717

CITY CALEXICO STATE CA ZIP CODE 92231 AREA CODE/PHONE

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

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

4. Verification

OPTIONAL: FAX / E-MAIL ADDRESS Ruby Maldonado @ hotmail.com

OPTIONAL: FAX / E-MAIL ADDRESS

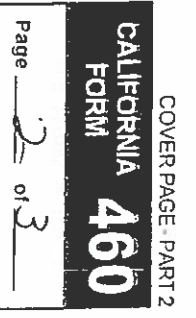
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and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

Executed on 09/28/2012 By Koddy J. Maldonado
 Executed on 09/28/2012 By Ruby Maldonado
 Executed on _____ By _____
 Executed on _____ By _____

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

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

Type or print in ink.



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Koddy's J. MADDEN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
110 DIRECTOR DIV. 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
9201 SALVADOR BLVD. COLLEVIA CA 92231

COMMITTEE NAME I.D. NUMBER

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO., IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<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

Teddy J. Maldonado

Statement covers period
from 01/01/2012
through 06/30/2012

CALIFORNIA
FORM **460**
Page 3 of 3
I.D. NUMBER
1326377

Contributions Received

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

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

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 \$ _____

_____ \$ _____

Current Cash Statement

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

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ <u>0</u>	\$ _____
18. Cash Equivalents	See instructions on reverse \$ <u>0</u>	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>0</u>	\$ _____

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.

**Recipie Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp
FILED
REGISTRAR OF VOTERS

CALIFORNIA
FORM
460

COVER PAGE

Page 1 of 3
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2012
through 08/12/2012

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

OCT 04 2012

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

I.D. NUMBER 1326377

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
MILBENAVO D T M 115

Treasurer(s)

NAME OF TREASURER
Cedric J. Mendez
MAILING ADDRESS
500 KEMP CT.
CITY CALEXICO STATE CA ZIP CODE 92231 AREA CODE/PHONE 7607915717

STREET ADDRESS (NO P.O. BOX)
500 KEMP CT.
CITY CALEXICO STATE CA ZIP CODE 92231 AREA CODE/PHONE 7607915717
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS
rudy.milbenavodt@hotmail.com

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 09/28/2012 Date
Executed on 09/28/2012 Date
Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer
By [Signature] Signature of Controlling Officer/candidate, State Measure Proponent or Responsible Officer/Sponsor
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
Richard N. MALDONADO

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
110 DIRECTOR DIV. 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
800 KLINE CT. CALICO CA 92235

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? <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 07/01/2012 through 08/19/2012

CALIFORNIA FORM **460**

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER BALBO J. Maldonado

I.D. NUMBER 1326377

Contributions Received

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

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

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 _____

_____ \$ _____

Current Cash Statement

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

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

Cash Equivalents and Outstanding Debts

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

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).

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 8/20/2012 through 8/20/2012

Date of election if applicable: (Month, Day, Year) 11/06/2012

Date Stamp FILED REGISTRAR OF VO	CALIFORNIA FORM 460
AUG 20 2012	Page <u>1</u> of <u>3</u>
RECEIVED BY: <u>[Signature]</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
- 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

I.D. NUMBER 1326377

Treasurer(s)

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) MALDO NABO FOR 11D

NAME OF TREASURER LEADIA S. MALDONADO

STREET ADDRESS (IND. P.O. BOX) 800 KEMP CT

(Imperial Irrigation District)

MAILING ADDRESS 800 KEMP CT

CITY CALEXICO STATE CA ZIP CODE 92231 AREA CODE/PHONE 7607913717

CITY CALEXICO STATE CA ZIP CODE 92231 AREA CODE/PHONE 7607913717

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

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

OPTIONAL: FAX / EMAIL ADDRESS rustynmaldo@hottmail.com

MAILING ADDRESS

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

OPTIONAL: FAX / EMAIL 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 8/20/2012 Date

Executed on 8/20/2012 Date

Executed on _____ Date

Executed on _____ Date

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officer

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 8/20/2012
through 8/20/2012

CALIFORNIA
FORM **460**
Page 2 of 3
I.D. NUMBER
1326377

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Richard J. Melbereds

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>25,000.00</u>	\$ _____
2. Loans Received	Schedule B, Line 3 \$ <u>25,000.00</u>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>50,000.00</u>	\$ _____
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>25,000.00</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>75,000.00</u>	\$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ _____	\$ _____
7. Loans Made	Schedule H, Line 3 \$ _____	\$ _____
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ _____	\$ _____
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 \$ _____	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>25,000.00</u>
13. Cash Receipts	Column A, Line 3 above \$ <u>0</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0</u>
15. Cash Payments	Column A, Line 8 above \$ <u>25,000.00</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15. If this is a termination statement, Line 16 must be zero. \$ <u>0</u>

LOAN GUARANTEES RECEIVED

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ _____

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

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

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

20. Contributions Received \$ _____

21. Expenditures Made \$ _____

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

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.

**Recipient, Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

REGISTRAR OF VOTERS

**CALIFORNIA
FORM
460**

OVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>8/21/2012</u> through <u>9/30/2012</u>	Date of election if applicable: (Month, Day, Year) <u>11/06/2012</u>	Date Stamp FILED OCT 04 2012 RECEIVED BY <u>941</u>	Page <u>1</u> of <u>4</u> For Official Use Only
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 1326377

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

MARIONADO FOR I.D.

Treasurer(s)

NAME OF TREASURER

Rodolfo J. Marionado

MAILING ADDRESS

800 KEMP CT.

STREET ADDRESS (NO. PO. BOX)
800 KEMP CT.
CITY CALEXICO STATE CA ZIP CODE 92231 AREA CODE/PHONE 760.791.5717
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY CALEXICO STATE CA ZIP CODE 92231 AREA CODE/PHONE 760.791.5717
MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

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

Executed on _____ Date

By _____ Signature of Treasurer or Assistant Treasurer

Executed on _____ Date

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

Executed on _____ Date

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on _____ Date

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
RODOLFO J. MIRANDA RICO

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
110 DIRECTOR DIV 5

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP
800 KEMP CT. CALLEJON CA 92231

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
 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

Statement covers period
from 8/21/2012
through 9/30/2012

**CALIFORNIA
FORM 460**

Page 3 of 9

ID. NUMBER
1326377

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Rodolfo J. Maldonado

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>3935.00</u>	\$ _____
2. Loans Received	Schedule B, Line 3 <u>4500.00</u>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>8435.00</u>	\$ _____
4. Nonmonetary Contributions	Schedule C, Line 3 <u>0</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>8435.00</u>	\$ _____

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

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

20. Contributions Received \$ 0 \$ 10935.00
21. Expenditures Made \$ 0 \$ 8650.00

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
1/1/12 \$ _____
1/1/12 \$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4 <u>8650.00</u>	\$ _____
7. Loans Made	Schedule H, Line 3 <u>0</u>	\$ _____
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>8650.00</u>	\$ _____
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 <u>0</u>	\$ _____
10. Nonmonetary Adjustment	Schedule G, Line 3 <u>0</u>	\$ _____
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>8650.00</u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>2500.00</u>	\$ _____
13. Cash Receipts	Column A, Line 3 above <u>8435.00</u>	\$ _____
14. Miscellaneous Increases to Cash	Schedule I, Line 4 <u>10935.00</u>	\$ _____
15. Cash Payments	Column A, Line 8 above <u>8650.00</u>	\$ _____
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>2285.00</u>	\$ _____

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

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

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

*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 8/21/2012
through 9/30/2012

Page 4 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Rudolfo J. Maldonado

I.D. NUMBER
1326377

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)
9/18/12	MAGELIN CORPORATION 1575 HOWARD BLVD SAN VICENTE CA 92173	<input checked="" type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
9/26/12	MELLY GUNZFILES 1070 CHERRY RD C CHICO, CA 92231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.00	100.00	
9/25/12	BURGER INVESTMENTS PART. 333 CLARE CHARLES BLVD CHICO, CA 92231	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
9/29/12	SUMMIT INDUSTRIAL INC 1003 INDUSTRIAL WY, STE 6 EL CERRILLO, 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	5000.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - itemized monetary contributions:
(Include all Schedule A subtotals.) \$ 2800.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 1135.00
- Total monetary contributions received this period:
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 3935.00

*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.

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Rudolfo J. Maldonado

Statement covers period
 from 8/21/2012
 through 9/30/2012

Page 5 of 9

I.D. NUMBER
13026577

<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC <small>†</small>	FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER <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>	(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	CALENDAR YEAR PER ELECTION **
					<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN					
<input checked="" type="checkbox"/> IND	CAZEMEN M. MALDONADO 500 KINGS ST. CALIFORNIA, CA 92231	PROGRAM COORDINATOR CITY OF CALIFORNIA	\$ 0	\$ 4500	<input type="checkbox"/> PAID \$ 0	<input type="checkbox"/> FORGIVEN \$ 0	\$ 4500	0%	\$ 4500	\$ 4500	CALENDAR YEAR PER ELECTION **
<input type="checkbox"/> IND			\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____%	\$ _____	\$ _____	CALENDAR YEAR PER ELECTION **
<input type="checkbox"/> IND			\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____	<input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____%	\$ _____	\$ _____	CALENDAR YEAR PER ELECTION **
SUBTOTALS \$			\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	

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

- Schedule B Summary**
- Loans received this period \$ 4500
 (Total Column (b) plus unitemized loans of less than \$100.)
 - Loans paid or forgiven this period \$ 0
 (Total Column (c) plus loans under \$100 paid or forgiven.)
 (Include loans paid by a third party that are also itemized on Schedule A.)
 - Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 4500
 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
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT)

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Rodolfo J. Maldonado

Statement covers period
 from 8/21/2012
 through 9/30/2012

CALIFORNIA
 FORM **460**

Page 7 of 9
 ID NUMBER
1326377

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
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- FET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RPD returned contributions
- SAL campaign workers' salaries
- TEL tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TIME WATCHING CABLE 603 WAKE ROSE, STE. 1 EL CENTRO, CA 92243	TEL			440.00
DTK GLOBAL/PRINT P.O. Box 4385 EL CENTRO, CA 92244	LIT			431.00
EL SOL DEL VALLE P.O. Box 3442 EL CENTRO, CA 92244	PRT			500.00
COUNTY OF IMPERIAL ELECTIONS OFF	VOT			190.00
IV PAGES 205 N. 8th St EL CENTRO, CA 92243	PRT			410.00

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

SUBTOTAL \$ 1961.00

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

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Rodolfo J. Maldonado

Statement covers period
from 8/21/2012
through 9/30/2012

CALIFORNIA
FORM
460

Page 8 of 9
ID NUMBER
1326377

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>1 UPFRONT 205 N. 8th St. EL CENTRA CA. 92243</i>	<i>PRT</i>		<i>337.50</i>
<i>STAIRS WITH RAILS FRYDEN R. COY STAIRS WITH RAILS STAIRS WITH RAILS. 0266 619.228.4769</i>	<i>CVC</i>		<i>120.00</i>
<i>STAIRS 560 E. DANNENBERG DR. EL CENTRA CA. 92243</i>	<i>LIT</i>		<i>141.00</i>
<i>VOTER GUIDE STATE CAARD 6285 E. SPAINA ST. STE. 202 LONG BEACH, CA. 90808</i>	<i>LIT</i>		<i>1337.00</i> 1698.50
<i>PULLOR STATE 2340 N. IMPERIAL AVE CARLETON CA 92231</i>	<i>OMP</i>		<i>414.00</i>

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

SUBTOTAL \$ 1980.00

