Executed onDale	Executed on	Executed on UR/28/2012	Executed on 1212/2012-	I have used all reasonable diligence in preparity and reviewing this foregoing is true and correct, under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	. Verification
By FPPC Form 460 (January/05) Signature of Controlling Office holder, Candidate, State Measure Proponent FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By (Children) 1 MM (M) 31 F V Signature of Control of Candidate. State Measure Proponent or Responsible Officer of Sponsor	By Signature of Treasurer of Assistant Treasurer	egoing is true and correct.	Verification

OPTIONAL:

PAX / E-MAIL ADDRESS

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CITY STATE ZIP CODE AREA CODE/PHONE	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	NAME OF TREASURER CONTROLLED COMMITTEE?	MITTEE NAME I.D. NUMBER	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/BLONE	CONTROLLED COMMITTEE?	COMMITTEE NAME 1.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.	129 JALVACOR GUILLON CO.	UMBER IF APPLICABLE)	120016 J. MALDONADO	
Attach continuation	NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF OFFICEHOLDER OR CANDIDATE		ffice		OFFICE SOUGHT OR HELD	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	BALLOT NO. OR LETTER JURISDICTION	NAME OF BALLOT MEASURE	6. Primarily Formed Ballot Measure Committee
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD SUPPORT	OFFICE SOUGHT OR HELD SUPPORT	OFFICE SOUGHT OR HELD SUPPORT	OFFICE SOUGHT OR HELD SUPPORT OPPOSE	eholder Committee List names of committee is primarily formed.		DISTRICT NO. IF ANY	didate, or state measure proponent	N SUPPORT		2ommittee

Summary Page Campaign Disclosure Statement

NAME OF FILER SEE INSTRUCTIONS ON REVERSE Contributions Received Δ ω 'n Expenditures Made 11. TOTAL EXPENDITURES MAD 10. Nonmonetary Adjustment **Current Cash Statement** 14. Miscellaneous increases to Cash 13. Cash Receipts 12. Beginning Cash Balance Previous Summary Page, Line 16 15. Cash Payments..... Loans Received Monetary Contributions Nonmonetary Contributions... SUBTOTAL CASH CONTRIBU TOTAL CONTRIBUTIONS REC Accrued Expenses (Unpaid B SUBTOTAL CASH PAYMENTS Loans Made Payments Made.....

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2

Cash Equivalents and Outstanding Debts

19. Outstanding Debts 18. Cash Equivalents

Add Line 2 + Line 9 in Column B above

See instructions on reverse

ф

from Lines 2, 7, and 9 (if carry over the amounts for this calendar year, only the first report being filed

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

16. ENDING CASHBALANCE

.... Add Lines 12 + 13 + 14, then subtract Line 15

subtracted from previous period amounts. If this is figures that should be Column A may be negative report. Some amounts in from Column B of your last corresponding amounts amounts in Column A to the To calculate Column B, add

reported in Column B.

*Amounts in this section may be different from amounts

Column A, Line 8 above Schedule I, Line 4 Column A, Line 3 above

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

A	Type or print in ink.		SUMMARY PAGE	
atement	ded	Statement covers period from $()$ $()$ $()$ $()$ $()$ $()$ $()$ $()$	CALIFORNIA 460	
	th	CV6/30/2011	Page 3 of 3	
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	Schedule E. Line 4 \$ \$	Expenditure Limit Summary for State Candidates	Summary for State	
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rent FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California	Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Toll-Free Hu		Date
e de la composition della comp	Signature of Controlling Officeholder, Candidate, State Measure Proponent	By	Executed on Date
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	Treasurer(s)	1.D. NUMBER /326377	3. Committee Information
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	A second to the second	through 12/31/2011	EE INSTRUCTIONS ON REVERSE
Page of 5	Date of election if applicable T 0 4 2012 (Month, Day, Year)	Statement covers period from $(07)(0)(26)$	OAKUHIKIII AARA ARAMIS OAKOA-OAK 10.3/
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Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded

SUMMARY PAGE

Current Cash Statement 12. Beginning Cash Balance	Expenditures Made Schedule E. Line 4 \$ 6. Payments Made Schedule H. Line 3 \$ 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	Contributions Received Contributions Received Column A TOTAL THIS PERIOD (FROMATIVCHED SCHEDULES) COLUMN A TOTAL THIS PERIOD (FROMATIVCHED SCHEDULES) Schedule A, Line 3 Schedule B, Line 3 Schedule B, Line 3 Schedule B, Line 3 Schedule B, Line 3 Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED	Summary Page SEE INSTRUCTIONS ON REVERSE NAME OF FILER RODULTS RODULTS TO MALDON FOR TO
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).		Column B CALENDAR YEAR TOTALTODATE	statem (X)
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FPPC Form 460 (January/0	Signalure of Controling Officeholder, Candidate, State Measure Proponent	Ву	Executed on
	Signature of Controlling Officeholder, Candidate, State Measure Proponent	By	Executed onDate
	Signature of Treasurer or Assistant Treasurer **Composition Office of Sponsor Signature of Confoliang Office of Sponsor Signature of Confoliang Office of Sponsor	12	Executed on 09/28/22/12
es is true and complete. I certify	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.	I reviewing this statement and to the best of my kno f California that the foregoing is true and correct.	Have used all reasonable diligence in preparing and reviewing this statement and to the best of my k under penalty of perjury under the laws of the State of California that the foregoing is true and correct under penalty of perjury under the laws of the State of California that the foregoing is true and correct. By KAKO
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W.	MAILING ADDRESS MAILING ADDRES		COMMITTEE, NAME (OR CANDIDATES NAME IF NO COMMITTEE)
	Treasurer(s)	1.D. NUMBER 1526377	3. Committee Information
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Summary **Campaign Disclosure Statement**

Type or print in ink.

SUMMARY PAGE

Current Cash Statement 12. Beginning Cash Balance	Expenditures Made Schedule E, Line 4 \$ 6. Payments Made Schedule H, Line 3 H 7. Loans Made Schedule H, Line 3 H 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	Column A Column B Column A Column B Column A Column B COLENGAR YEAR TOTAL HIS PERIOD (FROMATIACHED SCHEDULES) 1. Monetary Contributions Schedule A Line 3 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Summary Page Summary Page to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Whole De NADO NAME OF FILER
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EPPC Form 460 (January/05)	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	Executed onDate
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Summary Page Campaign Disclosure Statement

Amounts may be rounded Type or print in ink.

SUMMARY PAGE

14. Miscellaneous Increases to Cash..... Cash Equivalents and Outstanding Debts 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 Loans Made..... If this is a termination statement, Line 16 must be zero Add Lines 3 + 4 Apricola 1 Previous Summary Page, Line 16 Schedule F, Line 3 See instructions on reverse Column A. Line 3 above Column A, Line 8 above Schedule H, Line 3 Schedule C, Line 3 Schedule B. Line 3 Schedule A. Line 3 Schedule E. Line 4 Schedule C, Line 3 Schedule B. Part 2 Schedule I, Line 4 Add Lines 6 + 7 Add Lines 1 + 2 64 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) to whole dollars. Column A P 60 amounts in Column A to the To calculate Column B, add subtracted from previous Column A may be negative from Column B of your last corresponding amounts period amounts. If this is figures that should be report. Some amounts in from Lines 2, 7, and 9 (if carry over the amounts for this calendar year, only the first report being filed CALENDAR YEAR TOTAL TO DATE Column B through OS). from (C) Statement covers period Calendar Year Summary for Candidates Running in Both the State Primary and General Elections Candidates Expenditure Limit Summary for State Expenditures 20. Contributions reported in Column B 0 Amounts in this section may be different from amounts Made Received Dale of Election (mm/dd/yy) 22. Cumulative Expenditures Made* 210 2012 (If Subject to Voluntary Expenditure Limit) 1/1 through 6/30 Page NUMBER 65 Tolal to Date 7/1 to Date

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> Nonmonetary Contributions SUBTOTAL CASH CONTRIBUTIONS

TOTAL CONTRIBUTIONS RECEIVED

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Payments Made.....

Expenditures Made

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SUBTOTAL CASH PAYMENTS

10.

Nonmonetary Adjustment

Accrued Expenses (Unpaid Bills)

11. TOTAL EXPENDITURES MADE

12. Beginning Cash Balance **Current Cash Statement**

13. Cash Receipts

15. Cash Payments

17. LOAN GUARANTEES RECEIVED

19. Outstanding Debts

Add Line 2 + Line 9 in Column B above

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Cash Equivalents...

Contributions Received

Monetary Contributions

Loans Received

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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es is true and complete. I certify	rein and in the attached scheduk	owledge lhe information contained he	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 complete.	 Verification I have used all reasonable diligence in preparing under penalty of perjury under the laws of the St
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CALIFORNIA 460 FORM Page 2 of 3 Page 377	

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Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		₩	25 m, m	*Contr IND - I	*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC)
 Amount received this period – unitemized monetary contributions of less than \$100 Total monetary contributions received this period. 	ns of less than \$		\$ (2) (2)	SCC-	OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee
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	ant Treasurer	Signature of Treasurer or Assistant Treasurer	Ву	Date	Executed on L
iles is true and complete.	herein and in lhe atlached schedu	nowledge the information contained	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.	mable diligence in preparing and reviev Jury under the laws of the State of Califo	4. Verification I have used all reaso under penalty of perj
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Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Altach Form 495	elow)	2. Type of Statement: X Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Committee Sponsored (Asso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	nittee: All Committees trolled Committee Committee Committee	1. Type of Recipient Comn Officeholder, Candidate Con O State Candidate Election O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Small Contributor Commi O Political Party/Central Co
For Official Use Only	M G	(Month, Day, Year)	through 9/3 0/2012	VERSE	SEE INSTRUCTIONS ON REVERSE
CALIFORNIA 460	FILED FILED REGISTRAR OF VOTERS DCT 0 4 2012	ate of election if applicable	Type or print in ink. Statement covers period D	nittee !ment ons 84200-84216.5)	Recipien. Jommittee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)

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CITY	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	Related Committees not included in this statem contributions or make expe		SDO KErne Ct.	DISECTION TO BE TO (NAME OF OFFICEHOLDER OR CANDIDATE	Officeholder or Cand
STATE ZIP CODE AREA CODE/PHONE	STREET ADDRESS (NO P.O. BOX)	CONTROLLED COMMITTEES	1.D. NUMBER	STREET ADDRESS (NO P.O. BOX)	CONTROLLED COMMITTEE?	I.D. NUMBER	Related Committees Not included in this Statement: Listany 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.	1 STCT (2)	CT. CALLY CA	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	(OD) to J. MYN DO MICHO	5. Officeholder or Candidate Controlled Committee
Attach continuatio	NAME OF OFFICEHOLDER OR CANDIDATE	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Identify the controlling officeholder, candidate, or state measure proponent, if any.	BALLOT NO. OR LETTER JURISDICTION	NAME OF BALLOT MEASURE	6. Primarily Formed Ballot Measure Committee			
Attach continuation sheets if necessary	OFFICE SOUGHT OR HELD	holder Committee List nam committee is primarily formed.		DISTRICT NO. IF ANY	PONENT	lidate, or state measure propor	SUPPORT OPPOSE		ommittee			
	SUPPORT OPPOSE	SUPPORT OPPOSE	SUPPORT	SUPPORT	es of				ent, if any.	ORT SE		

Campaign Disclosure Statement Summary Page

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

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)		Outstanding Debts Add Line 2 + Line 9 in Column B above \$	
	from Lines 2, 7, and 9 (if any).	ivalents and Outstanding Debts Uvalents See instructions on reverse \$	Cash Equivalents 18. Cash Equivalents
	for this calendar year, only carry over the amounts	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$	17. LOAN GU
	period amounts. If this is	If this is a termination statement. Line 16 must be zero.	If this is a t
		ALANCE Add Lines 12 + 13 + 1	16. ENDING C/
*Amounts in this section may be different from amounts reported in Column B.	from Column B of your last report. Some amounts in	ncreases to Cash	14. Miscellaneous Ir
	To calculate Column B, add amounts in Column A to the	1 Balance	12. Beginning Casi
\$		Statement) $\nabla (r)$	Current Cash
\$	\$	11. TOTAL EXPENDITURES MADEAdd Lines 8+9+10 \$ XEGO, ET	11. TOTALEXE
Date of Election Total to Date (mm/dd/yy)		9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3	Accrued Ex Nonmoneta
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)		SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ (C S Z, 12)	7. Loans Made8. SUBTOTALC
Expenditure Limit Summary for State Candidates	⇔	Made	×
Winds	<i>€</i> 9	1 1	5. TOTAL CON
21. Expenditures 2 2 8650 17		Nonmonetary ContributionsSchedule C. Line 3	•
20. Contributions \$ 10955 (2)	⇔	H CONTRIBUTIONS Add Lines 1+2 \$ 84	 Loans Received SUBTOTAL CAS
1/1 through 6/30 7/1 to Date	\$	Schedule A. Line 3 \$ 4507. FT	
General Elections	TOTALTODATE	(FRO)	
Calendar Year Summary for Candidates		Column A	Contributio
1.D. NUMBER 1326377		SONNON IN CONNON	NAME OF FILER
	- uguonii	ON REVERSE	SEE INSTRUCTIONS ON REVERSE

Schedule A **Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

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Amounts may be rounded to whole dollars.

Statement covers period

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through 9/30/2012 1326377 Page _

		\$	SUBTOTAL\$			
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) 270,077	100.00		DSCC SCC	COLEXICA JOB GLASI	7.0.2
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	1 000 00	00.00	et.	MOTH DSCC	SOU AZIDEN CO JULY 1212 HOMBURD WIE	2012
PER ELECTION TODATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERID. NUMBER)	DATE RECEIVED
1.5. NUMBER 1.326.377	1.b. NU / 3.				NAME OF FILER RUDOIFO J. MXIDDAGGO	NAME OF FILER

Schedule A Summary

- Amount received this period itemized monetary contributions. (Include all Schedule A subtotals.)
- 3. Total monetary contributions received this period.

2. Amount received this period – unitemized monetary contributions of less than \$100\$

*Contributor Codes COM - Recipient Committee IND - Individual

PTY - Political Party
SCC - Small Contributor Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)

FPPC Form 460 (January/05)

Schedule B - Part 1 Loans Received

Type or print in ink.

SCHEDULE B-PART 1

Loans Received	Amou	Amounts may be rounded to whole dollars.	inded		from 8/2//20, 2	rs period	CALIFORNIA FORM	460
SEE INSTRUCTIONS ON REVERSE					through $\frac{9/3}{c}$	120,2	Page (2
NAME OF FILER RUDDIFO J. K	Mildervido						1.D. NUMBER /37	77
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (#FCOMMITTEE ALSO ENTERID. NUMBER)	TER OYER ir	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(6) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS
CONTRACT MAINTERNS	COURDINATION PROBREMING	>		\$ PAID	7.2	 	WSH;	CALENDAR YEAR
CALLIXICO, CR. GADI		4	1200	☐ FORGIVEN	-	RAIE		PER ELECTION**
M IND COM COTH PTY CSCC		5		$ \dot{b} $	DATEQUE		DATE INCURRED	
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TO IND COM OTH O PTY SCC		5	5		DATE DUE	\$	DATE INCURRED	5
		SUBTOTALS \$	€n		€n	45		
Schedule B Summary 1. Loans received this period				∨ 9	4510	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitermized loans of less than \$100.) 2. Loans paid or forgiven this period	of less than \$100.)			A	φ-	<u> </u>	†Contributor Codes IND – Individual	
(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	paid or forgiven.) are also itemized on Sched	ule A.)				 2	COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business entity)	(other than PTY or SCC) Other (e.g., business entity)
3. Net change this period. (Subtract Line 2 from Line 1.)	2 from Line 1.)			NET \$	(May be a negative number)	(8.1	SCC – Small Contrib	Small Contributor Committee
Enter the net nere and on the Summar	/ Page, Column A, Line 2.			4	ray or a negative number?			

Schedu Payments Made (Continuation Sheet)

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Amounts may be rounded to whole dollars.

from 8/21/20.2 Statement covers period

CALIFORNIA 460 SCHEDULE E (CONT.)

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through 9/30/20,2

CODES: If one of the following codes accurately describes the payment SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1 midorido ÷ 2 I.D. NUMBER 1326,377

SUBTOTAL \$ 1961. 6-2	SUBTO	summarized on Schedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
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s in costs als meals the same candidate/sponsor rnet, e-mail)	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 travet, lodging, and meals TRS staff/spouse travet, lodging, and ineals TRS staff/spouse	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	CAP campaign paraphernalia/misc. CNS campaign consultants CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* POS LEG legal defense LIT campaign literature and mailings

Payments Made Schedule -(Continuation Sheet)

NAME OF FILER

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

from 8/21/20,2 Statement covers period CALIFORNIA , SCHEL JLE E (CONT.)

through 6/30/2012

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SUBTOTAL \$ 10 \$2 50	S	Schedule D	also he summarized on	* Decements that are contributions or independent expenditures mus
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AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR		NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
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SCHEDULE E (CONT.)

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SUBTOTAL \$

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