

Principle... 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>07/01/2010</u> through <u>12/31/2010</u>	Date of election if applicable: (Month, Day, Year) <u>N/A</u>
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Date Stamp FILED REGISTRAR OF VOTERS	CALIFORNIA 2001/02 FORM 460
FEB 16 2011 RECEIVED BY: <i>JH 11/44</i>	Page <u>1</u> of <u>4</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
 - Sponsor
 - Small Contributor Committee
 - Political Party/Central Committee
 - Ballot Measure Committee
 - Primarily Formed Committee
 - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

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

3. Committee Information

ID NUMBER
1303349

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
 COMMITTEE TO RE-ELECT STELLA A. MENDOZA
 IID DIRECTOR - DIVISION 4

Treasurer(s)

NAME OF TREASURER
JIM HAMILTON

MAILING ADDRESS
897 DAVID STREET

CITY STATE ZIP CODE AREA CODE/PHONE
BRAWLEY CA 92227 (760) 344-7487

NAME OF ASSISTANT TREASURER (IF ANY)
Mailing Address
Stella A. Mendoza

CITY STATE ZIP CODE AREA CODE/PHONE

STREET ADDRESS (NO P.O. BOX)
491 WEST "H" STREET
CITY STATE ZIP CODE AREA CODE/PHONE
BRAWLEY CA 92227 (760) 344-3495
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE
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 1/31/2011 Date
 Executed on 1/31/2011 Date
 Executed on _____ Date
 Executed on _____ Date

By *Stella A. Mendoza* Signature of Treasurer or Assistant Treasurer
 By *Jim Hamilton* Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
STELLA A. MENDOZA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
IID DIRECTOR - DIVISION 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
491 WEST "H" STREET, BRAWLEY, CA 92227

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

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
STELLA A. MENDOZA

Statement covers period
 from 07/01/2010
 through 12/31/2010

Page 3 of 4

I.D. NUMBER
 1303349

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-	-0-
2. Loans Received	Schedule B, Line 3 -0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ -0-	-0-
4. Nonmonetary Contributions	Schedule C, Line 3 -0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ -0-	-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-	\$ -0-
21. Expenditures Made	\$ -0-	\$ -0-

Expenditures Made

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

Expenditure Limit Summary for State
Candidates

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

Current Cash Statement

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

*Since January 1, 2001, Amounts in this section may be different from amounts reported in Column B.

Cash Equivalents and Outstanding Debts

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Date Stamp FILED REGISTRAR OF VOTERS JUL 22 2011 RECEIVED BY: <i>gms</i>	CALIFORNIA FORM 460 Page <u>1</u> of <u>4</u> For Official Use Only
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Statement covers period from 01/01/2011 through 06/30/2011
 Date of election if applicable: (Month, Day, Year) N/A

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 RE-ELECT STELLA A. MENDOZA
 I.D. NUMBER 1303349

IID DIRECTOR - DIVISION 4

STREET ADDRESS (NO P.O. BOX) 491 WEST "H" STREET
 CITY BRAWLEY STATE CA ZIP CODE 92227 AREA CODE/PHONE (760) 344-3495
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX _____

Treasurer(s)

NAME OF TREASURER JIM HAMILTON
 MAILING ADDRESS 897 DAVID STREET
 CITY BRAWLEY STATE CA ZIP CODE 92227 AREA CODE/PHONE (760) 344-7487
 NAME OF ASSISTANT TREASURER, IF ANY _____
 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 7/05/2011 Date
 Executed on 7/05/2011 Date
 Executed on _____ Date
 Executed on _____ Date

By James F. Hamilton Signature of Treasurer or Assistant Treasurer
 By Stella A. Mendoza Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
STELLA A. MENDOZA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
IID DIRECTOR - DIVISION 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
491 WEST "H" STREET BRAWLEY, CA 92227

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

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 01/01/2011 through 06/30/2011

Page 3 of 4

I.D. NUMBER
1303349

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
STELLA A. MENDOZA

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-	-0-
2. Loans Received	Schedule B, Line 3 \$ -0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ -0-	-0-
4. Nonmonetary Contributions	Schedule C, Line 3 \$ -0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ -0-	-0-

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

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	\$ -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.

Schedule B - Part 1
Loans Received

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

SEE INSTRUCTIONS ON REVERSE

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

Page 4 of 4

NAME OF FILER
STELLA A. MENDOZA

I.D. NUMBER
1303349

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)	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
STELLA A. MENDOZA 491 WEST "H" STREET BRAWLEY, CA 92227	IID DIRECTOR - DIVISION 4	\$ 14,053	\$ -0-	\$ -0-	\$ 14,053	0 %	\$ 4,400	\$ -0-
<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	N/A	-0-	4/04/08	\$ -0-
<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	DATE INCURRED	CALENDAR YEAR	\$ PER ELECTION**
SUBTOTALS \$		-0-	-0-	-0-	14,053	-0-		

Schedule B Summary

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

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

**Recip. ... 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>7/01/2011</u> through <u>12/31/2011</u>	Date of election if applicable: (Month, Day, Year) <u>N/A</u>	Date SPITTED REGISTRAR OF VOTE JAN 23 2012	CALIFORNIA FORM 460
		RECEIVED BY: <i>[Signature]</i>	Page <u>1</u> of <u>4</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
- Primarily Formed Candidate/Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- 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 RE-ELECT STELLA A. MENDOZA
IID DIRECTOR - DIVISION 4

I.D. NUMBER
1303349

Treasurer(s)

NAME OF TREASURER JIM HAMILTON
MAILING ADDRESS 897 DAVID STREET
CITY BRAWLEY STATE CA ZIP CODE 92227 AREA CODE/PHONE (760) 344-7487

STREET ADDRESS (NO P.O. BOX) 491 WEST "H" STREET
CITY BRAWLEY STATE CA ZIP CODE 92227 AREA CODE/PHONE (760) 344-3495
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS

CITY BRAWLEY STATE CA ZIP CODE 92227 AREA CODE/PHONE (760) 344-7487
MAILING ADDRESS

CITY BRAWLEY STATE CA ZIP CODE 92227 AREA CODE/PHONE (760) 344-3495
OPTIONAL FAX / E-MAIL ADDRESS

CITY BRAWLEY STATE CA ZIP CODE 92227 AREA CODE/PHONE (760) 344-7487
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 1/17/2012 Date
Executed on 1/17/2012 Date
Executed on _____ Date
Executed on _____ Date

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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
STELLA A. MENDOZA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
I1D DIRECTOR - DIVISION 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
491 WEST "H" STREET BRAWLEY, CA 92227

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

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

Statement covers period
from 7/01/2011 through 12/31/2011
Page 3 of 4
I.D. NUMBER
1303349

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-	-0-
2. Loans Received	Schedule B, Line 3 \$ -0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ -0-	-0-
4. Nonmonetary Contributions	Schedule C, Line 3 \$ -0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ -0-	-0-

Expenditures Made

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ -0-	
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 \$ -0-	

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 \$ -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
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 B - Part 1
Loans Received**

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/01/2011
through 12/31/2011

Page 4 of 4

NAME OF FILER
STELLA A. MENDOZA

I.D. NUMBER
1303349

FULL NAME, STREET ADDRESS AND ZIP CODE <small>(IF COMMITTEE, ALSO ENTER ID NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
				PAID	FORGIVEN				
STELLA A. MENDOZA 491 WEST "H" STREET BRAWLEY, CA 92227	IID DIRECTOR - DIVISION 4	\$ 14,053	\$ -0-	\$ -0-	\$ -0-	\$ 14,053	-0-%	\$ 4,400	CALENDAR YEAR -0-
<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		DATE DUE N/A	RATE -0-%	DATE INCURRED 4/04/08	CALENDAR YEAR -0-
<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**
SUBTOTALS \$		-0-\$	-0-\$	-0-\$	-0-\$	\$	-0-	\$	-0-

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

Schedule B Summary

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

†Contributor Codes
IND - Individual
COM - Recipient Committee
(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.

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/01/2012
through 3/17/2012

Date of election if applicable:
(Month, Day, Year)
6/05/2012

Date Stamp
2012 MAR 16 PM 1:43
Received
Imperial County PNY
Page 1 of 5
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 RE-ELECT STELLA A. MENDOZA
IID DIRECTOR - DIVISION 4

I.D. NUMBER
1303349

Treasurer(s)

NAME OF TREASURER
JIM HAMILTON
MAILING ADDRESS
897 DAVID STREET

CITY
BRAWLEY STATE
CA ZIP CODE
92227 AREA CODE/PHONE
(760) 344-7487

STREET ADDRESS (NO P.O. BOX)
491 WEST "H" STREET
CITY
BRAWLEY STATE
CA ZIP CODE
92227 AREA CODE/PHONE
(760) 344-3495
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS
CITY
BRAWLEY STATE
CA ZIP CODE
92227 AREA CODE/PHONE
(760) 344-7487

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 3-16-12 Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on _____ Date

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

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
STELLA A. MENDOZA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
IID DIRECTOR - DIVISION 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
491 WEST "H" STREET BRAWLEY, CA 92227

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

COMMITTEE NAME	I.D. NUMBER	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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO RE-ELECT STELLA A. MENDOZA - IID DIVISION 4

Statement covers period from 1/01/2012 through 3/17/2012	CALIFORNIA FORM 460
Page 3 of 5	I.D. NUMBER 1303349

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-	-0-
2. Loans Received	Schedule B, Line 3 2,000	2,000
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 2,000	2,000
4. Nonmonetary Contributions	Schedule C, Line 3 -0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 2,000	2,000

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 1,246	1,246
7. Loans Made	Schedule H, Line 3 -0-	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 1,246	1,246
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -0-	-0-
10. Nonmonetary Adjustment	Schedule G, Line 3 -0-	-0-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 1,246	1,246

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ -0-	
13. Cash Receipts	Column A, Line 3 above 2,000	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 -0-	
15. Cash Payments	Column A, Line 8 above 1,246	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 754	

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

LOAN GUARANTEES RECEIVED

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 754
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 2,000

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	\$ _____	\$ _____

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 B - Part 1 Loans Received

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 1/01/2012
through 3/17/2012

Page 4 of 5

NAME OF FILER COMMITTEE TO RE-ELECT STELLA A. MENDOZA - IID DIVISION 4

I.D. NUMBER
1303349

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
STELLA A. MENDOZA 491 WEST "H" STREET BRALWEY, CA 92227	IID DIRECTOR - DIVISION 4	\$ 14,053	\$ 2,000	\$ -0- <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 16,053 N/A DATE DUE	\$ -0- RATE	\$ 4,400 4/04/08 DATE INCURRED	CALENDAR YEAR \$ 2,000 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**
SUBTOTALS \$		2,000 \$	-0- \$	16,053 \$	-0-			

Schedule B Summary

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

- Loans received this period \$ 2,000
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ -0-
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 2,000**
Enter the net here and on the Summary Page, Column A, Line 2.

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.

SCHEDULEE
CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO RE-ELECT STELLA A. MENDOZA - IID DIVISION 4

Statement covers period
from 1/01/2012 through 3/17/2012
Page 5 of 5
I.D. NUMBER 1303349

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/balot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- UT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv, or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
IMPERIAL COUNTY REGISTRAR OF VOTERS 940 WEST MAIN STREET, SUITE 206 EL CENTRO, CA 92243-2839	FIL		SIGNATURES IN LIEU CANDIDATES STATEMENT	720
VOTES UNLIMITED PO BOX 188 FERNDALE, NY 12734-0188	CMP		EMERY BOARDS	376
CESAR CHAVEZ FUNDRAISER BRAWLEY, CA 92227	CTB	SPONSER		100
SUBTOTAL \$				1,196

* 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.) \$ 1,196
2. Unitemized payments made this period of under \$100 \$ 50
3. Total interest paid this period on loans: (Enter amount from Schedule B, Part 1, Column (e)) \$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 1,246**

Schedule E Payments Made

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

SCHEDULE E
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

Page 6 of 6
I.D. NUMBER
1303349

COMMITTEE TO RE-ELECT STELLA A. MENDOZA

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

OMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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
SEE ATTACHED SCHEDULE			VARIOUS AS SCHEDULED	14,980
SUBTOTAL \$				14,980

* 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.) \$ 14,980
- Unitemized payments made this period of under \$100 \$ 324
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ -0-
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 15,304

COMMITTEE TO RE-ELECT STELLA A. MENDOZA
 SCH "A" - MONETARY CONTRIBUTIONS RECEIVED
 5/20/2012 - 6/30/2012

DATE RECEIVED	NAME	CODE	OCCUPATION	AMOUNT TO CURRENT CUMULATIVE	RECEIVED TO CATE
5/25/2012	JESUS S. & OLIVIA I. ALCARAZ 3924 PAUL ROBINSON COURT EL CENTRO, CA 92243	IND	IID EMPLOYEES	\$ 139	\$ 139
5/25/2012	RADCO, INC. 615A SOUTH HIGHWAY 111 BRAWLEY, CA 92227	OTHER	OTHER	100	100
5/25/2012	MAIN STREET 2004, LLC PO BOX 29 BEVERLY HILLS, CA 90213	OTHER	OTHER	1,000	1,000
5/31/2012	JAMES F. & FERNANDA E. HAMILTON 897 DAVID STREET BRAWLEY, CA 92227	IND	RETIRED	100	100
6/01/2012	ENERGY SOURCE LLC 12250 EL CAMINO REAL - SUITE 280 SAN DIEGO, CA 92130	OTHER	OTHER	1,000	1,000
6/01/2012	LARRY L. GROGAN VELIA RAMIREZ 444 WEST MAIN STREET EL CENTRO, CA 92243	IND	GEOTHERMAL DEV	200	200
6/09/2012	JAMES C.B. & GUILLEMINA ALEX 616 NORTH "H" STREET IMPERIAL, CA 92251-1259	IND	RETIRED	100	100
6/09/2012	LYNNE A. & DAVID K. WATSON 2104 EDINBURG AVENUE CARDIFF, CA 92007-1805	IND	GEOTHERMAL DEV	100	100
6/15/2012	ORMAT NEVADA INC. 6225 NEIL ROAD RENO, NEVADA 89511-1136	OTHER	OTHER	5,000	5,000
VARIOUS AS PREVIOUSLY REPORTED				-	10,400
SUB-TOTALS				7,739	18,139
VARIOUS LESS THAN \$100 TOTAL EACH				3,220	6,758
TOTALS				\$ 10,959	\$ 24,897

COMMITTEE TO RE-ELECT STELLA A. MENDOZA
 SCH "E" - PAYMENTS MADE
 5/20/2012 - 6/30/2012

AMOUNT PAID	DESCRIPTION	CODE OR	NAME AND ADDRESS OF PAYEE
408 \$	SIGNS, ETC.	PRT	IMPERIAL PRINTERS, INC. 430 MAIN STREET EL CENTRO, CA 92243
150	ADVERTISING	PRT	EL SOL DEL VALLE PO BOX 3442 EL CENTRO, CA 92243
803	RADIO ADS	RAD	KXO RADIO 420 WEST MAIN STREET EL CENTRO, CA 92243
380	RADIO ADS	RAD	KROP AM 1300 120 SOUTH PLAZA BRAWLEY, CA 92227
10,500	ADVERTISING	PRT	SPECTRUM 760 WEST MAIN STREET EL CENTRO, CA 92243
902	LAMINATED FANS	CMP	PROFESSIONAL PACKAGING 103 NORTH 21ST STREET EL CENTRO, CA 92243
248	RENTAL FEE	FND	EAGLES LODGE 661 WEST STATE STREET EL CENTRO, CA 92243
200	DONATION	CVC	LOS AMIGOS SENIOR CITIZEN CLUB 1002 6TH STREET CALEXICO, CA 92231
210	SUPPLIES	OFC	COSTCO 2030 NORTH IMPERIAL AVENUE EL CENTRO, CA 92243
100	DONATION	CVC	CALIFORNIA LITTLE LEAGUE - DISTRICT 22 580 SUNFLOWER WAY IMPERIAL, CA 92251
197	MEALS	TRS	APPLEBEE'S 2421 COTTONWOOD DRIVE EL CENTRO, CA 92243
100	DONATION	CVC	ALEXIS TOMAS 351 ROSS AVENUE EL CENTRO, CA 92251

BURGERS & BEER
260 NORTH IMPERIAL AVENUE
EL CENTRO, CA 92243

ASPEN IN THE DESERT RESTAURANT

595 WEST MAIN STREET

BRAWLEY, CA 92227

103 TRS MEALS

FAMOUS DAVE'S

3103 SOUTH DOGWOOD AVENUE

EL CENTRO, CA 92243

100 TRS MEALS

CARDENAS MARKET

1620 NORTH IMPERIAL AVENUE

EL CENTRO, CA 92243

104 TRS MEALS

GUILLERMO NIEBLA

141 JOHN KENNEDY STREET

CALEXICO, CA 92231

250 TRS WALKING/SIGNS

OLIVIA VALENZUELA

550 LINCOLN STREET

CALEXICO, CA 92231

100 TRS PHONE CALLING

SUB-TOTAL

UNITIMIZED PAYMENTS - UNDER \$100

TOTAL

\$ 15,304

14,980

324

**Recipie Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

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

Statement covers period
from 7/01/2012
through 9/30/2012

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

Date Stamp FILED REGISTRAR OF VOTER OCT 03 2012 PREPARED BY: [Signature]	CALIFORNIA 2004/02 FORM 460
Page <u>1</u> of <u>6</u>	For Official Use Only

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- 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 RE-ELECT STELLA A. MENDOZA

ID NUMBER
1303349

IID DIRECTOR - DIVISION 4

STREET ADDRESS (NO P.O. BOX)
491 WEST "H" STREET

CITY BRAWLEY STATE CA ZIP CODE 92227 AREA CODE/PHONE (760) 344-3495

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
JIM HAMILTON
MAILING ADDRESS
897 DAVID STREET

CITY BRAWLEY STATE CA ZIP CODE 92227 AREA CODE/PHONE (760) 344-7487

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

4. Verification

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

Executed on 10-2-12 Date
Executed on 10-3-12 Date
Executed on _____ Date
Executed on _____ Date

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

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 RE-ELECT STELLA A. MENDOZA

Statement covers period
from 7/01/2012
through 9/30/2012

CALIFORNIA
FORM 460

Page 3 of 6

I.D. NUMBER
1303349

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 5,449	\$ 30,346
2. Loans Received	600	23,900
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 6,049	\$ 54,246
4. Nonmonetary Contributions	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 6,049	\$ 54,246

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 5,771	\$ 49,647
7. Loans Made	Schedule H, Line 3	-0-	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 5,771	\$ 49,647
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	-0-	-0-
10. Nonmonetary Adjustment	Schedule C, Line 3	-0-	-0-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 5,771	\$ 49,647

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 4,321	
13. Cash Receipts	Column A, Line 3 above	6,049	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	-0-	
15. Cash Payments	Column A, Line 8 above	5,771	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4,599	

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	\$ 4,599
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 37,953

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
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

**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

Statement covers period
from 7/01/2012
through 9/30/2012

Page 5 of 6

COMMITTEE TO RE-ELECT STELLA A. MENDOZA

I.D. NUMBER
1303349

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
STELLA A. MENDOZA 491 WEST "H" STREET BRAWLEY, CA 92227	IID DIRECTOR - DIVISION 4			<input checked="" type="checkbox"/> PAID 400 <input type="checkbox"/> FORGIVEN	\$ 37,953 N/A	-0- % -0- %	4,400 4/04/08	CALENDAR YEAR \$ 23,900 PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			\$ 1,000					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**
<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**
SUBTOTALS \$		1,000 \$	400 \$	37,953 \$	-0-			

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

- Loans received this period \$ 1,000
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 400
(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 \$** 600
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.

† Contributor Codes
IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

COMMITTEE TO RE-ELECT STELLA A. MENDOZA
 SCH "E" - PAYMENTS MADE
 7/01/2012 - 9/30/2012

AMOUNT PAID	DESCRIPTION	CODE OR	NAME AND ADDRESS OF PAYEE
\$ 300	CANDIDATE STATEMENT	FIL	IMPERIAL COUNTY ELECTIONS DEPT. 940 WEST MAIN STREET, SUITE 206 EL CENTRO, CA 92243-2839
120	ADVERTISING	PRT	IMPERIAL VALLEY PRESS 205 NORTH 8TH STREET EL CENTRO, CA 92244-2641
125	SIGNS CREW	TRS	ORIGINAL TOWN PUMP 200 WEST MAIN STREET WESTMORLAND, CA 92281
284	SIGNS CREW	TRS	ATEN EXPRESS 390 WEST ATEN RAOD IMPERIAL, CA 92251
101	SIGNS CREW	TRS	GOLDEN DRAGON RESTAURANT 928 IMPERIAL AVENUE CALEXICO, CA 92231
2,866	SIGNS, ETC.	PRT	IMPERIAL PRINTERS, INC. 430 MAIN STREET EL CENTRO, CA 92243
101	SIGNS CREW	TRS	SHELL 1963 SOUTH HIGHWAY 111 EL CENTRO, CA 92243
171	SIGNS CREW	TRS	ROSA'S PLANE FOOD 805 WEST 2ND STREET CALEXICO, CA 92231
1,000	ADVERTISING	PRT	SPECTRUM 750 WEST MAIN STREET EL CENTRO, CA 92243
5,068			SUB-TOTAL
703			UNITEMIZED PAYMENTS - UNDER \$100
\$ 5,771			TOTAL

**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 10/01/2012
through 10/20/2012

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

Date Stamp	FILED	REGISTRAR OF VOTERS	Page <u>1</u> of <u>6</u>
OCT 24 2012			For Official Use Only
CALIFORNIA FORM 460			

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

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

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE TO RE-ELECT STELLA A. MENDOZA
IID DIRECTOR - DIVISION 4

Treasurer(s)

NAME OF TREASURER
JIM HAMILTON
MAILING ADDRESS
897 DAVID STREET

STREET ADDRESS (NO P.O. BOX)
491 WEST "H" STREET

CITY BRAWLEY STATE CA ZIP CODE 92227 AREA CODE/PHONE (760) 344-3495

CITY BRAWLEY STATE CA ZIP CODE 92227 AREA CODE/PHONE (760) 344-7487

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 _____

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 10-24-12 Date
Executed on 10-24-12 Date
Executed on _____ Date
Executed on _____ 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 of Controlling Officeholder, Candidate, State Measure PropONENT
By _____ Signature of Controlling Officeholder, 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
STELLA A. MENDOZA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
IID DIRECTOR - DIVISION 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
491 WEST "H" STREET BRAWLEY, CA 92227

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

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO RE-ELECT STELLA A. MENDOZA

Statement covers period
from 10/01/2012
through 10/20/2012

Page 3 of 6

I.D. NUMBER
1303349

CALIFORNIA FORM 460

SUMMARY PAGE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 14,607	44,953
2. Loans Received	Schedule B, Line 3 850	24,750
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 15,457	69,703
4. Nonmonetary Contributions	Schedule C, Line 3 -0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 15,457	69,703

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 18,888	68,535
7. Loans Made	Schedule H, Line 3 -0-	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 18,888	68,535
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -0-	-0-
10. Nonmonetary Adjustment	Schedule C, Line 3 -0-	-0-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 18,888	68,535

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 4,599	
13. Cash Receipts	Column A, Line 3 above 15,457	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 -0-	
15. Cash Payments	Column A, Line 8 above 18,888	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 1,168	

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	\$ 1,168
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 38,803

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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO RE-ELECT STELLA A. MENDOZA

Statement covers period
from 10/01/2012
through 10/20/2012

Page 4 of 6

CALIFORNIA FORM 460

SCHEDULE A

I.D. NUMBER
1303349

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)
VARIOUS	SEE ATTACHED SCHEDULE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		13,500	36,839	
SUBTOTAL \$				13,500		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 13,500
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,107
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 14,607**

* 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

Statement covers period
from 10/01/2012
through 10/20/2012

Page 5 of 6
CALIFORNIA FORM 460

COMMITTEE TO RE-ELECT STELLA A. MENDOZA

FULL NAME, STREET ADDRESS AND ZIP CODE (IF LENDER IF COMMITTEE, ALSO ENTER ID 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
STELLA A. MENDOZA 491 WEST "H" STREET BRAWLEY, CA 92227		I/D DIRECTOR - DIVISION 4	\$ 37,953	\$ 850	<input checked="" type="checkbox"/> PAID -0- \$ -0- <input type="checkbox"/> FORGIVEN	\$ 38,803 N/A DATE DUE	-0- % DATE DUE	\$ 4,400 4/04/08 DATE INCURRED	CALENDAR YEAR \$ 24,750 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"/> 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	% DATE DUE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**
SUBTOTALS \$			850 \$	-0- \$	38,803 \$	-0-			

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

- Loans received this period \$ 850
(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 \$ 850**
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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO RE-ELECT STELLA A. MENDOZA

Statement covers period from 10/01/2012 through 10/20/2012	CALIFORNIA FORM 460
Page 6 of 6	SCHEDULEE
I.D. NUMBER 1303349	

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

OMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL l.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SEE ATTACHED SCHEDULE		VARIOUS AS SCHEDULED	18,815
SUBTOTAL \$			18,815

* 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.) \$ 18,815
- Unitemized payments made this period of under \$100 \$ 73
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ -0-
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 18,888**

COMMITTEE TO RE-ELECT STELLA A. MENDOZA
 SCH "A" - MONETARY CONTRIBUTIONS RECEIVED
 10/01/2012 - 10/20/2012

DATE RECEIVED	NAME	CODE	OCCUPATION	AMOUNT RECEIVED	CUMULATIVE TO DATE
9/29/12	R.W. & PATRICIA L. DOCKSTADER	IND	RETIRED	\$ 100	\$ 100
10/08/12	JAMES T. & CHERYL TURNER 2632 OASIS STREET IMPERIAL, CA 92251	IND	ENGINEER	200	200
10/08/12	CHARLES F. & MARY E. BROWN 200 SOUTH RIO VISTA BRAWLEY, CA 92243	IND	RETIRED	200	200
10/02/12	LARRY L. GROGAN & VELIA RAMIREZ PO BOX 2478 EL CENTRO, CA 92244	IND	GEOTHERMAL DEVELOPMENT	300	500
10/10/12	DAVID K & LYNNE A WATSON 2104 EDINBURG AVENUE CARDIFF, CA 92007-1805	IND	GEOTHERMAL DEVELOPMENT	200	300
10/06/12	ENERGY SOURCE LLC 12250 EL CAMINO REAL, SUITE 280 SAN DIEGO, CA 92130	OTHER		5,000	6,000
10/09/12	CHARLES J & DEBRA S HOSKEN 1996 CHAMBERS LANE HOLTVILLE, CA 92250-9530	IND	SOLAR PLANT MANAGER	500	500
10/01/12	IMPERIAL PROJECTS 73-185 HIGHWAY 111, SUITE D PALM DESERT, CA 92260	OTHER		5,000	5,000
10/10/12	CLIFFORD C CALDWELL 795 DESERT GARDENS EL CENTRO, CA 92243-4415	IND	ATTORNEY-AT-LAW	250	250
10/10/12	LARRY M. BRATTON 565 SANDALWOOD DRIVE EL CENTRO, CA 92242	IND	JEWELER	250	250
10/11/12	GROW ELECT 1020 12TH STREET, STE 232 SACRAMENTO, CA 95814-3986	OTHER		1,500	1,500
VARIOUS AS PREVIOUSLY REPORTED				-	22,039
SUB-TOTALS				13,500	36,839
VARIOUS LESS THAN \$100 TOTAL EACH				1,107	8,114
TOTALS				\$ 14,607	\$ 44,953

COMMITTEE TO RE-ELECT STELLA A. MENDOZA
 SCH "E" - PAYMENTS MADE
 10/01/2012 - 10/20/2012

AMOUNT PAID	DESCRIPTION	CODE OR	NAME AND ADDRESS OF PAYEE
\$ 11,000	ADVERTISING	PRT	SPECTRUM 750 WEST MAIN STREET EL CENTRO, CA 92243
750	ADVERTISING	PRT	THE DESERT REVIEW PO BOX 1236 BRAWLEY, CA 92227
299	ADVERTISING	PRT	ESPARZA ADVERTISING 1074 EAST COLE ROAD, SUITE 14 CALEXICO, CA 92231
4,950	ADVERTISING	PRT	LAMAR COMPANIES PO BOX 66338 BATON ROUGE, LA 70896
401	SIGNS, ETC.	PRT	IMPERIAL PRINTERS, INC. 430 MAIN STREET EL CENTRO, CA 92243
1,100	CONSULTANT	PRO	FRANK SALAZAR 16870 WEST BERNARDO DRIVE, STE 400 SAN DIEGO, CA 92127
315	ADVERTISING	PRT	EL SOL DEL VALLE PO BOX 3442 EL CENTRO, CA 92243
<u>18,815</u>			SUB-TOTAL
73			UNITIMIZED PAYMENTS - UNDER \$100
<u>\$ 18,888</u>			TOTAL

497 Contribution Report

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

497 CONTRIBUTION REPORT

NAME OF FILER COMMITTEE TO RE-ELECT STELLA A. MENDOZA		Date of This Filing 10/31/2012	Date Stamp OCT 31 2012	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (760) 344-3495	I.D. NUMBER (if applicable) 1303349	Report No. 2	FILED REGISTRAR OF VOTERS	
STREET ADDRESS 491 WEST "H" STREET		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1	RECEIVED BY:	
CITY BRAWLEY	STATE CA	ZIP CODE 92227		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/31/2012	ORMAT NEVADA INC. GENERAL ACCOUNT 6225 NEIL ROAD RENO, NV 89511-1136	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000 <input type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%

Reason for Amendment: _____

*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

Late Contribution Report

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

NAME OF FILER

COMMITTEE TO RE-ELECT STELLA A. MENDOZA

AREA CODE/PHONE NUMBER

(760) 344-3495

I.D. NUMBER (if applicable)

1303349

STREET ADDRESS

491 WEST "H" STREET

CITY

BRAWLEY

STATE

CA

ZIP CODE

92227

LATE CONTRIBUTION REPORT

CALIFORNIA

FORM

497

For Official Use Only

Date of This Filing 10/25/2012

Report No. 1

Amendment to Report No. N/A

No. of Pages 1

Date Stamp

REGISTRAR OF VOTERS

OCT 25 2012

RECEIVED BY:

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/24/2012	VIRGINIA E. RYERSON 202 SANTA ROSA AVENUE 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	RETIRED	1,000 <input type="checkbox"/> Check if Loan
10/24/2012	CALIFORNIA UNITED HOMECARE WORKERS UNION LOCAL 4034 PAC ID # 1292045 555 CAPITOL MALL, STE 1425 SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000 <input type="checkbox"/> Check if Loan
10/24/2012	GROW ELECT 1020 12TH STREET, STE 232 SACRAMENTO, CA 95814-3986	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000 <input type="checkbox"/> Check if Loan

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other

PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment:

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

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)

Statement covers period from 10/21/2012 through 12/31/2012

Date of election if applicable: (Month, Day, Year) 11/06/12

2. Type of Statement:

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

Date Stamp RECEIVED
 JAN 11 2013
 RECEIVED
 CALIFORNIA FORM 460
 Page 1 of 6
 For Official Use Only

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE TO RE-ELECT STELLA A. MENDOZA I.D. NUMBER 1303349

Treasurer(s)

NAME OF TREASURER JIM HAMILTON

MAILING ADDRESS 897 DAVID STREET

STREET ADDRESS (NO P.O. BOX) 491 WEST "H" STREET

CITY BRAWLEY

STATE CA

ZIP CODE 92227

AREA CODE/PHONE (760) 344-3495

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

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 1-10-13 Date
 Executed on 1-10-13 Date
 Executed on _____ Date

By Stella A. Mendoza Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By Jim Hamilton Signature of Controlling Officer/Candidate, State Measure Proponent
 By _____ Signature of Treasurer or Assistant Treasurer
 By _____ Signature of Controlling Officer/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 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
STELLA A. MENDOZA

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
IID DIRECTOR - DIVISION 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
491 WEST "H" STREET BRAWLEY, CA 92227

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO RE-ELECT STELLA A. MENDOZA

Statement covers period from 10/21/2012 through 12/31/2012	CALIFORNIA FORM 460
Page 3 of 6	I.D. NUMBER 13033349

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions	Schedule A, Line 3 \$ 51,853	\$ 96,806
2. Loans Received	Schedule B, Line 3 (38,803)	(14,053)
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 13,050	\$ 82,753
4. Nonmonetary Contributions	Schedule C, Line 3 -0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 13,050	\$ 82,753

	Schedule E, Line 4	Schedule H, Line 3	Schedule F, Line 3	Schedule C, Line 3
Expenditures Made				
6. Payments Made	\$ 14,218	-0-	-0-	-0-
7. Loans Made	-0-	14,218	82,753	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 14,218	\$ 82,753	-0-	-0-
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -0-	-0-	-0-	-0-
10. Nonmonetary Adjustment	Schedule C, Line 3 -0-	-0-	-0-	-0-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 14,218	\$ 82,753	-0-	-0-

	Previous Summary Page, Line 16	Column A, Line 3 above	Schedule I, Line 4	Column A, Line 8 above
Current Cash Statement				
12. Beginning Cash Balance	\$ 1,168	13,050	-0-	14,218
13. Cash Receipts	13,050	-0-	14,218	-0-
14. Miscellaneous Increases to Cash	-0-	-0-	14,218	-0-
15. Cash Payments	14,218	-0-	-0-	-0-
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ -0-	-0-	-0-	-0-
<i>If this is a termination statement, Line 16 must be zero.</i>				
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ -0-	-0-	-0-	-0-
Cash Equivalents and Outstanding Debts				
18. Cash Equivalents	See instructions on reverse \$ -0-	-0-	-0-	-0-
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ -0-	-0-	-0-	-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 \$ _____ \$ _____

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.

CALIFORNIA
FORM
460

SCHEDULE A

Statement covers period
from 10/21/2012
through 12/31/2012

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
COMMITTEE TO RE-ELECT STELLA A. MENDOZA

I.D. NUMBER
1303349

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 TODAY DATE (IF REQUIRED)
VARIOUS	SEE ATTACHED SCHEDULE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		14,500	51,339	
12/21/2012	STELLA A. MENDOZA 491 WEST "H" STREET BRAWLEY, CA 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IID DIRECTOR - DIVISION 4	37,172	37,172	
SUBTOTAL \$				51,672		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 51,672
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 181
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 51,853

* 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.

SCHEDULE B - PART 1

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT STELLA A. MENDOZA

Statement covers period
from 10/21/2012
through 12/31/2012

Page 5 of 6
I.D. NUMBER
1303349

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)	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	CALENDAR YEAR CONTRIBUTIONS TO DATE
STELLA A. MENDOZA 491 WEST "H" STREET BRAWLEY, CA 92227	IID DIRECTOR - DIVISION 4			<input checked="" type="checkbox"/> PAID \$ 1,631 <input checked="" type="checkbox"/> FORGIVEN \$ 37,172	\$ -0-	\$ -0- %	\$ 4,400 4/04/08 DATE INCURRED	\$ 25,250 PER ELECTION**
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR PER ELECTION**
SUBTOTALS \$			-0-	38,803	-0-	-0-	-0-	-0-

Schedule B Summary

1. Loans received this period \$ -0-
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period \$ (38,803)
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$ (38,803)**
Enter the net here and on the Summary Page, Column A, Line 2.

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

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

TContributor Codes

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

Schedule E Payments Made

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

STATEMENT OF EXPENDITURES
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO RE-ELECT STELLA A. MENDOZA

Statement covers period
from 10/21/2012
through 12/31/2012

Page 6 of 6
ID NUMBER
1303349

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| OMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | BET | petition circulating | TEL | tv. 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
SEE ATTACHED SCHEDULE			VARIOUS AS SCHEDULED	14,120
SUBTOTAL \$				14,120

* 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.) \$ 14,120
- Unitemized payments made this period of under \$100 \$ 98
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ -0-
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 14,218**