	Date By	By Signature	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. 1/31/2011	OPTONAL FAX / E-MAIL ADDRESS		BRAWLEY CA 92227 (760) 344-3495 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	WEST "H" STREET	COMMITTEE TO RE-ELECT STELLA A. MENDOZA IID DIRECTOR - DIVISION 4	Committee Information 1.D. NUMBER 1303349	s 1, 2, 3, and 4. ure Committee Formed ed ed an 6) med Candidate/ Committee an 7)	SEE INSTRUCTIONS ON REVERSE through 12/31/2010	Statement covers period Date of the period Date of	Cover Page (Government Code Sections 84200-84216.5)
Signature of Controlling Office to der, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Signature of Treasurer of Assistant Treasurer Signature of Treasurer of Assistant Treasurer Signature of Treasurer Proponent or Responsible Officer of Sponsor	Medge the information containe orrect.	OPTIONAL: FAX / E-MAIL ADDRESS	C¶≯	MAKING ADDRESS	BRAWLEY	NAME OF TREASURER JIM HAMILTON MAILING ADDRESS 897 DAVID STREET	Treasurer(s)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain below)	N/A	Date of election if applicable: (Month, Day, Year)	
	ale Measure Proponent	Treasurer Component or Responsible Officer of Sponsor	ed herein and in the attached sch	ŒSS	STATE ZIP CODE	any It	STATE ZIP CODE CA 92227			elow)	RECEIVED BY:	7	FILED FILED REGISTRAROFVOTERS
FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 868/ASK-FPPC State of California	I	1 1	ledules is true and complete. I	h.	AREA CODE/PHONE		AREA CODE/PHONE (760) 344-7487			Quarterly Statement . Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	for Official Use Only	Page 1 of 4	CALIFORNIA 460 2001/02 460 FORM

5. Officeholder or Candidate Controlled Committee NAME OF OFFICEHOLDER OR CANDIDATE STELLA A. MENDOZA OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICARIES)	Controlled Committee	BER IF APPLICARIES	6. Ballot Measure Committee	ee	Page 2 of 4
IID DIRECTOR - DIVISION 4	4	ioda in AfricicAble)	BALLO I NO. OR LETTER	JURISDICTION	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	(NO. AND STREET) CITY RAWLEY, CA 92227	STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.	eholder, candidate, or sta	te measure proponent, if a
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 provide	ncluded in this Stateme	Pht: List any committees	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	- 6	
contributions or make expenditures on behalf of your candidacy. COMMITTEE NAME	es on behalf of your candidacy	primarily formed to receive	OFFICE SOUGHT OK HELD		DISTRICT NO. IF ANY
		C. ZOMBRZ			
	CON	CONTROLLED COMMITTEE?	7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	nittee List names of office ily formed.	tholder(s) or candidate(s) for
CITY STREET	(NO		NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	HT OR HELD SUPPORT
	טופיר לור ניטנים	AREA CODEPHONE	NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	HT OR HELD SUPPORT
A STATE OF THE STA		T.C. NOMBER	NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	
COMMITTEE ADDRESS STRE	STREET ADDRESS (NO P.O. BOX)	YES NO	NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	HT OR HELD SUPPORT
CITY	STATE ZIP CODE	AREA CODE/PHONE	Attach	Attach continuation sheets if necessary	cessary

vampaign Disclosure Statement Summary Page

Type or print in ink.

SUMMARY PAGE

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC		\$	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
different from amounts reported in Column B.	from Lines 2, 7, and 9 (if any).	-0-	
*Since January 1, 2001. Amounts in this section may be	for this calendar year, only carry over the amounts	\$	17. LOAN GUARANTEES RECEIVED Schedule B. Part 2
\$	subtracted from previous period amounts. If this is		If this is a termination statement, Line 16 must bu
€9	report. Some amounts in Column A may be negative finites that should be	, -0-	15. Cash Payments
\$	onding olumn	-0-	Miscellaneous Increases to Cash
\$	To calculate Column B, add amounts in Column A to the	-0-	Cash Receipts .
\$		· -0-	Statement
\$	\$	\$ -0-	11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10
(mm/dd/yy)	-0-	-0-	10. Nonmonetary Adjustment Schedule C. Line 3
-		-0-	9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3
22. Cumulative Expenditures Made*	-0-	-0-	
Candidates	-0-	-O-	6. Payments Made Schedule E. Line 4
Expenditure Limit Summary for State	,)	×
Made \$\$	\$ -0-	s	5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4
xeceived \$ \$	-0-	-0-	4. Nonmonetary Contributions Schedule C. Line 3
ons	-0-	-0-	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2
1/1 through 6/30 7/1 to Date		-0-	Loans Received
General Elections	-O-	·0-	Monetary Contributions
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1303349			STELLA A. MENDOZA
010			NAME OF FILER
12/31/2010 Page 3 of 4	through_		SEE INSTRUCTIONS ON REVERSE
Statement covers period CALIFORNIA 460	fro	to whole dollars.	Summary Page

	e Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	ite	Executed onDate
•	Candidale, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State	Ву	ote .	Executed onDate
	easurer A Color of Sponsor	Signature of Treasurer or Assistant Treasurer Signature of Treasurer or Assistant Treasurer Signature of Controlling Office Holder of Sponsor	By Signature of Controlling	7/05/2011 Date 7/05/2011 Date	Executed on7/05/2 Executed on7/05/2 Executed on7/05/2
true and complete. I certify	in and in the attached schedules is	wedge the information contained here	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.	in preparing and reviewing t	4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best under penalty of perjury under the laws of the State of California that the foregoing is true and
AREA CODE/PHONE	STATE ZIP CODE	CITY OPTIONAL: FAX / E-MAIL ADDRESS	E AREA CODE/PHONE	STATE ZIP CODE	CITY OPTIONAL: FAX / E-MAIL ADDRESS
AREA CODE/PHONE (760) 344-7487	STATE ZIP CODE CA 92227 TREASURER, IF ANY	BRAWLEY NAME OF ASSISTANT TREASURE	AREA CODE/PHONE (760) 344-3495	STATE ZIP CODE CA 92227	STREET ADDRESS (NO P.O. BOX) 491 WEST "H" STREET CITY BRAWLEY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
		Treasurer(s) NAME OF TREASURER JIM HAMILTON MAILING ADDRESS 897 DAVID STREET	1.D. NUMBER 1303349 E) IDOZA	NAME IF NO COMMITTEE) T STELLA A. MENDOZA	3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE TO RE-ELECT STELLA A. MENI IID DIRECTOR - DIVISION 4
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495		2. Type of Statement: □ Preelection Statement ☑ Semi-annual Statement □ Termination Statement (Also file a Form 410 Termination) □ Amendment (Explain below)	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	All Committees - Committee	Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee
	RECEIVED BY: 01 V.15	N/A	through 06/30/2011		SEE INSTRUCTIONS ON REVERSE
Page of4 For Official Use Only	JUL 22 2011	Date of election if applicable: (Month, Day, Year)	Statement covers period 01/01/2011		
IFORNIA 4			Type or print in ink	216.5)	Campaign Statement Cover Page (Government Code Sections 84200-84216.5)
20Va a 2/VC					TONIDAT COMMITTED

COVER PAGE - PART 2

CALIFORNIA FORM

Page __

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	Attach continuation sheets if necessary	Attach c	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY
OFFICE SOUGHT OR HELD SUPPORT		NAME OF OFFICEHOLDER OR CANDIDATE	YES NO		
OFFICE SOUGHT OR HELD SUPPORT		NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF TREASTREE
OFFICE SOUGHT OR HELD SUPPORT		NAME OF OFFICEHOLDER OR CANDIDATE	I.D. NUMBER	מיאור ליו כסמם	COMMITTEE NAME
OFFICE SOUGHT OR HELD SUPPORT		NAME OF OFFICEHOLDER OR CANDIDATE		(NO	CITY
Candidate/Officeholder Committee List names of date(s) for which this committee is primarily formed.	ate/Officeholder	7. Primarily Formed Candidate/Officeholder Committee List of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?		NAME OF TREASURER
			I.D. NUMBER	COMMITTEE NAME	COMMITTEE NAME
DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	tement: List any committees	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 backets of the young are primarily formed to receive	Related Committe
	ATE, OR PROPONENT	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			
r state measure proponent,	older, candidate, o	Identify the controlling officeholder, candidate, or state measure proponent, if any.	Y, CA 92227	REET BRAWL	491 WEST "H" STREET
			TY STATE ZIP	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	RESIDENTIAL/BUSINESS
☐ SUPPORT ☐ OPPOSE	JURISDICTION	BALCO NO. OX CE I LEX	- NOMBER IF AFFEICABLE)	IID DIRECTOR - DIVISION 4	IID DIRECTOR - DIVISION 4
				OZA	STELLA A. MENDOZA
		NAME OF BALLOT MEASURE		R OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
tee	Ballot Measure Committee	6. Primarily Formed Ballot N	ttee	Officeholder or Candidate Controlled Committee	Officeholder or Ca

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Summary Page	to whole dollars.	Statem	Statement covers period 01/01/2011	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through _	06/30/2011	Page 3 of 4
STELLA A. MENDOZA				1.D. NUMBER 1303349
Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3	-0-	- - 0-	General Elections	nS 1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS	\$ <u>-0-</u>	0-0-	20. Contributions Received \$	₩ ₩
4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED	-0- -0-	-0-	21. Expenditures Made \$	\$
Expenditures Made 6. Payments Made Schedule E, Line 4	-0-	-0-	Expenditure Limit Summary for State Candidates	Summary for State
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	-0-	0- 0-	22. Cumulative	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3	-0-	-0-	Date of Election (mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	-0-	-0-		69
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>-0-</u>	To calculate Column B. add		€9
13. Cash Receipts Column A, Line 3 above	-0- amou	amounts in Column A to the		
14. Miscellaneous Increases to Cash Schedule I, Line 4	-0- from repor	corresponding amounts from Column B of your last report. Some amounts in	*Amounts in this section m reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
LANCE Add Lines 12 + 13 +	\$figure	figures that should be		
If this is a termination statement, Line 16 must be zero.	perior			
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ -0- for th	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	from any).	from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Toll-Free Helplin	FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Loans Received	Amo	Amounts may be rounded to whole dollars.	unded s.		Statement covers period 01/01/2011	t covers period 01/01/2011	CALIFORNIA	^ 460
SEE INSTRUCTIONS ON REVERSE				=	through 06/	06/30/2011	Page4	of 4
NAME OF FILER							I.D. NUMBER	
STELLA A. MENDOZA							1303349	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, 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	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(r) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
STELLA A. MENDOZA 491 WEST "H" STREET BRAWLEY, CA 92227	IID DIRECTOR - DIVISION 4			PAID -0- FORGIVEN	<u>14,053</u>	0 %	\$ 4,400	CALENDAR YEAR -0- PER ELECTION**
TIZI IND □ COM □ OTH □ PTY □ SCC		\$ <u>14,053</u>	-0-	\$	N/A DATE DUE	-0-	4/04/08 DATE INCURRED	-0-
				PAID FORGIVEN		RATE %	s	CALENDAR YEAR PER ELECTION ***
T□ IND □ COM □ OTH □ PTY □ SCC		\$			DATE DUE	, 	DATE INCURRED	•
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
†□ IND □ COM □ OTH □ PTY □ SCC		0	5		DATE DUE	5	DATE INCURRED	\$
		SUBTOTALS \$	-0-\$	-0-	\$ 14,053	\$ -0-		
ဂ					o o	(Enter (e) on Schedule E, Line 3)		
1. Loans received this period(Total Column (b) plus uniternized loans of less than \$100.)	s of less than \$100.)			₩	d	ر ا	†Contributor Codes	
 Loans paid or forgiven this period) paid or forgiven.) are also itemized on Schec	dule A.)		ω	-0-	PO ON	IND Individual COM Recipient Committee (other than PTY or SCC) OTH Other (e.g., business entity) PTY Political Party	mmittee TY or SCC) business entity)
 Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2. 	2 from Line 1.) y Page, Column A, Line 2.			NET \$	-0- (May be a negative number)	_	SCC Small Contributor Committee	utor Committee

ite Measure Proponent FPPC Form 460 (January/05)	Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent	By	Executed on
reasurer onent or Responsible Officer of Sponsor	Signature of Controlling Officeholdes, Candidate, State Measure Proponent or Responsible Officer of Sponsor	BySignature of Contr	Executed on 1/17/2012 Date 1/17/2012 Executed on 1/17/2012 Date
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.	Medge the information contained here	ng this statement and to the best of my know ha that the foregoing is true and correct.	 Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my lander penalty of perjury under the laws of the State of California that the foregoing is true and correct
STATE ZIP CODE AREA CODE/PHONE	CITY OPTIONAL: FAX / E-MAIL ADDRESS	ODE AREA CODE PHONE	CITY STATE ZIP CODE
ER. IF ANY (760) 344-7487	NAME OF ASSISTANT TREASURER. IF ANY	27 (760) 344-3495	CITY STATE ZIP CODE BRAWLEY CA 92227 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
ZIP CODE	897 DAVID STREET		STREET ADDRESS (NO P.O. BOX) 491 WEST "H" STREET
and	NAME OF TREASURER JIM HAMILTON	1303349 E)	3. Committee Information 1303; COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE TO RE-ELECT STELLA A. MENDOZA
siow)	Community (Cybrail pelow)	Primarily Formed Candidate/ Officeholder Committee (Also Complete Parl 7)	Sponsored Small Contributor Committee Political Party/Central Committee
☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form 495	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination)	All Committees - Complete Parts 1, 2, 3, and 4. ornmittee	Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall Also Complete Part 5) General Purpose Committee
RECEIVED BY: 20	N/A	through 12/31/2011	SEE INSTRUCTIONS ON REVERSE
JAN 23 2012 Page 1 of 4	Date of election if applicable: (Month, Day, Year)	Statement covers period 7/01/2011	
Date SPIRED CALIFORNIA 460 REGISTRAR OF VOTE FORM	nk.	Type or print in Ink.	RecipCommittee Campaign Statement Cover Page Government Code Sections 84200-84216.5)

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

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	Attach continuation sheets if necessary	ch continuation s	Attac	ZIP CODE AREA CODE/PHONE	STATE	CITY
				O. BOX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		NAME OF TREASURER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	I.D. NUMBER		COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	ZIP CODE AREA CODE/PHONE	STATE 2	CITY
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	<u> </u>	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
names of	med Candidate/Officeholder Committee List names of candidate(s) for which this committee is primarily formed.	lidate/Officeho	7. Primarily Formed Cand officeholder(s) or candidate(s)	CONTROLLED COMMITTEE?		NAME OF TREASURER
				I.D. NUMBER		COMMITTEE NAME
NY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	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.	Related Committees Not Included in this Statemer not included in this statement that are controlled by you or are pontributions or make expenditures on behalf of your candidacy.	Related Committee not included in this state contributions or make e
oonent, if any.	ite, or state measure prop	eholder, candida	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	ET) CITY STATE ZIP BRAWLEY, CA 92227	(NO. AND STRE	RESIDENTIAL/BUSINESS ADDRESS 491 WEST "H" STREET
SUPPORT	□ SUF	JURISDICTION	BALLOT NO. OR LETTER	RICT NUMBER IF APPLICABLE)	STELLA A. MENDOZA OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) IID DIRECTOR - DIVISION 4	OFFICE SOUGHT OR HELD (INCLUDE L
			NAME OF BALLOT MEASURE		OR CANDIDATE	
	ımittee	Measure Com	6. Primarily Formed Ballot Measure Committee		Officeholder or Candidate Controlled Committee	5. Officeholder or Can

Campaign Disclosure Statement Summary Page

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

Statement covers period

SUMMARY PAGE

		from	m 7/01/2011	FORM 46U
SEE INSTRUCTIONS ON REVERSE		through .	12/31/2011	Page 3 of 4
STELLA A. MENDOZA				I.D. NUMBER 1303349
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
	-0-	\$ -0-	General Elections	100
	-0-		Contributions	1/1 through 6/30 7/1 to Date
	-0-	-0-	Received \$	(A)
ECEIVED	-0-	-0-	21. Expenditures Made \$	8
Expenditures Made 6. Payments Made Schedule E, Line 4 \$	'	· -0-	Expenditure Limit Summary for State Candidates	ummary for State
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$	-0-	-0-	22. Cumulative	22. Cumulative Expenditures Made*
9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3	-0-		Date of Election	ection Total to Date
10. Nonmonetary Adjustment Schedule C. Line 3	-0-	-0-	(mm/dd/yy)	lotal to Date
11. TOTAL EXPENDITURES MADE	-0-	\$		69
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$	-0-	1		\$
13. Cash Receipts Column A. Line 3 above	1			
14. Miscellaneous Increases to Cash Schedule I Line 4	٠ ٻ ٻ	from Column B of your last report. Some amounts in	*Amounts in this section ma reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$	-0-	figures that should be		
If this is a termination statement, Line 16 must be zero.		subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$	-0-	for this calendar year, only carry over the amounts		
s and Outstanding Debts				
Outstanding Debts	-			
			FPPC Toll-Free Helpline	FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Loans Receiv 1 Dart 1

Schedule B – Part 1		Type or print in ink.	ī.]			SCHE	SCHEDULE B - PART 1
Loans Received	Amo	Amounts may be rounded to whole dollars.	inded	fr	Statement covers period 7/01/2011	7/01/2011	CALIFORNIA FORM	[^] 460
SEE INSTRUCTIONS ON REVERSE				th	through12/	2/31/2011	Page 4	of 4
TOWNER CO. LETTY							I.D. NUMBER	
STELLA A. MENDOZA							1303349	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER ID NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF	(9) CUMULATIVE CONTRIBUTIONS
STELLA A. MENDOZA 491 WEST "H" STREET BRAWLEY, CA 92227	IID DIRECTOR - DIVISION 4			PAID -0-	\$ 14,053	-O- RATE	\$ 4,400	CALENDAR YEAR \$ -0-
TO IND COM COTH CPTY CSCC		\$ 14.053	-0-	\$ -0-	N/A DATE DUE	-O-	4/04/08 DATE INCURRED	-0-
				PAID				CALENDAR YEAR
				S		RATE %	5	PERELECTION **
T□ IND □ COM □ OTH □ PTY □ SCC		5	S	\$	DATE DUE	v	DATE INCURRED	(0
				☐ PAID				CALENDAR YEAR
				S FORGIVEN		RATE		PER ELECTION**
[↑] □ IND □ COM □ OTH □ PTY □ SCC		S			DATE DUE	\$	DATE INCURRED	50
		SUBTOTALS \$	-0- s	-0- \$		\$ -0-		
റ						(Enter (e) on Schedule E, Line 3)		
Loans received this period	of less than \$100.)			\	-0-	ह्ये	†Contributor Codes	
Loans paid or forgiven this period (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.)		€9	0-		IND – Individual COM – Recipient Committee (other than PTY or SCC) OTH – Other (e.g., business ent	ndividual Recipient Committee (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.) Page, Column A, Line 2.			NET \$ (May b	-()- (May be a negative number)	SCC -	SCC – Small Contributor Committee	utor Committee

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** If required.

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

recipient committee	Type or print in ink			Cuver PA
Carripaign Statement Cover Page (Government Code Sections 84200-84216 5)			Onte Stamp	CALIFORNIA 460
	Statement covers period from 1/01/2012	Date of election if applicable: (Month, Day, Year)	7012 HAB 16 1241 1: 45	Page 1 of 5
SEE INSTRUCTIONS ON REVERSE	through 3/17/2012	6/05/2012	Received Received	
1. Iype of Recipient Committee: All Committees – C Officeholder, Candidate Controlled Committee OState Candidate Election Committee ORecall (Nso Complete Parl 5)	All Committees - Complete Parts 1, 2, 3, and 4. ornmittee		م م د	Quarterly Statement Special Odd-Year Report
☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee	(Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	(Also lile a Form 410 Termination) Amendment (Explain below)	ation)	Statement - Atlach Form 495
3. Committee Information	1.D. NUMBER 1303349	Treasurer(s)		
COMMITTEE TO RE-ELECT STELLA A. MENDOZA IID DIRECTOR - DIVISION 4	DOZA	JIM HAMILTON MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX) 491 WEST "H" STREET		BRAWI FY	-"]	
CITY STATE ZIP CODE BRAWLEY CA 92227 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	27 (760) 344-3495	NAME OF ASSISTANT TREASURER, IF ANY	ER, IF ANY	(760) 344-7487
CITY STATE ZIP CODE	AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
A Variffication		OPTIONAL: FAX / E-MAIL ADDRESS	88	
	ng this statement and to the best of my knownia that the foregoing is true and correct. By	tedge the information contained here	in and in the attached schedules is	s frue and complete. I certify
Executed on 3-16-12	By Synaure of Contro	Gnature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	Preasurer Comment or Responsible Officer of Sponsor	
Date	By	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Measure Proponeni	1
Executed on	BySi	Signature of Controlling Officeholder Candidate State	A Marine and The second	•

ponen FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

2	ALIFORNIA FORM	COVEX
5	460	COVER PAGE - PART 2

	Attach continuation sheets if necessary	Altach continuation	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY
OPPOSE)X)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
LD SUPPORT	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	YES NO		
SUPPORT OPPOSE	מי ימר מסספהו סא חברס				NAME OF TREASURED
- OPPOSE		NAME OF OFFICEHOLDER OR CANDIDATE	I.D. NUMBER		COMMITTEE NAME
][]	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE			
SUPPORT			ODE AREA CODE/PHONE	STATE ZIP CODE	CITY
	OFFICE SOUGHT OF HEID	NAME OF OFFICEHOLDER OR CANDIDATE	X)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
List names of formed.	eholder Committee committee is primarily fo	7. Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed	CONTROLLED COMMITTEE?		NAME OF TREASURER
			I.D. NUMBER		COMMITTEE NAME
NO. IF ANY	DISTRICT NO. IF ANY	OFFICE SOUGHT OR HELD	tement: List any committees r are primarily formed to receive didacy.	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.	Related Committen not included in this state contributions or make a
	OPONENT	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			
ure proponent, if any.	ididate, or state measu	Identify the controlling officeholder, candidate, or state measure proponent, if any.	BRAWLEY, CA 92227		491 WEST "H" STREET
		1717	TY STATE ZIP	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	RESIDENTIAL/BUSINESS.
OPPOSE				DIVISION 4	IID DIRECTOR - DIVISION 4
	Ň	BALLOT NO, OR LETTER JURISDICTION	T NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HEL
				OZA	STELLA A. MENDOZA
		NAME OF BALLOT MEASURE		R OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	Committee	6. Primarily Formed Ballot Measure Committee	ittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Ca
2 of 5	Page				

Summary Page Campaign Disclosure Statement

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

SUMMARY PAGE

Statement covers period

4 19. Outstanding Debts 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 15. Cash Payments..... 14. Miscellaneous Increases to Cash..... 13. Cash Receipts 12. Beginning Cash Balance **Current Cash Statement** 11. TOTAL EXPENDITURES MADE 10. Nonmonetary Adjustment 7. Loans Made..... 2 18. Cash Equivalents Cash Equivalents and Outstanding Debts 17. LOAN GUARANTEES RECEIVED **Expenditures Made** Contributions Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER COMMITEE TO RE-ELECT STELLA A. MENDOZA - IID DIVISION 4 If this is a termination statement, Line 16 must be zero SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Payments Made Nonmonetary Contributions..... SUBTOTAL CASH CONTRIBUTIONS Loans Received Monetary Contributions TOTAL CONTRIBUTIONS RECEIVED Add Line 2 + Line 9 in Column B above Add Lines 3 + 4 Schedule C, Line 3 Previous Summary Page, Line 16 Add Lines 8 + 9 + 10 See instructions on reverse Column A, Line 8 above Column A, Line 3 above Schedule E. Line 4 Schedule B, Part 2 Schedule H, Line 3 Schedule C, Line 3 Schedule A, Line 3 Schedule I, Line 4 Schedule B, Line 3 Add Lines 1 + 2 69 69 S € TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) Column A 2,000 2,000 2,000 2,000 ,246 ,246 ,246 754 ,246 754 þ þ þ þ þ þ þ from Lines 2, 7, and 9 (if for this calendar year, only the first report being filed subtracted from previous from Column B of your last carry over the amounts period amounts. If this is figures that should be Column A may be negative report. Some amounts in corresponding amounts amounts in Column A to the To calculate Column B, add Column B
CALENDAR YEAR
TOTAL TODATE 1,246 1,246 2,000 2,000 2,000 246 mon through þ þ þ þ þ *Amounts in this section may be different from amounts reported in Column B. 21. Expenditures Candidates **Expenditure Limit Summary for State** 20. Contributions **General Elections** Running in Both the State Primary and Calendar Year Summary for Candidates FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) Made 1/01/2012 Received Date of Election 3/17/2012 (mm/dd/yy) 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 1/1 through 6/30 Page. 1303349 CALIFORNIA I.D. NUMBER 4 ćυ Total to Date 7/1 to Date 으 460 O

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Schedule B – Loans Receive D274

Type or print in ink.

SCHEDULE B - PART 1

Loans Received	Amo	Amounts may be rounded to whole dollars.	unded 3.	<u> </u>	Statement covers period from 1/01/2012	covers period 1/01/2012	CALIFORNIA	^A 460
SEE INSTRUCTIONS ON REVERSE					through3/1	3/17/2012	Page 4	ς 5
NAME OF FILER							ID NIMBED	9
COMMITEE TO RE-ELECT STELLA A. N	RE-ELECT STELLA A. MENDOZA - IID DIVISION 4						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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF	(9) CUMULATIVE CONTRIBUTIONS
STELLA A. MENDOZA 491 WEST "H" STREET BRALWEY, CA 92227	IID DIRECTOR - DIVISION 4			PAID -0- FORGIVEN	<u>16,053</u>	-0- RATE	\$ 4,400	CALENDAR YEAR 3,000
TE NO COM COTH CHO COC		\$ 14,053	2,000	ş -0-	N/A DATE DUE	-0-	4/04/08 DATE INCURRED	2,000
				PAID FORGIVEN	(5)	RATE %		CALENDAR YEAR PER ELECTION **
†□ IND □ COM □ OTH □ PTY □ SCC		Š	Î	\$	DATE DUE	S	DATE INCURRED	
				PAID				CALENDAR YEAR
				S FORGIVEN		RATE %	5	PER ELECTION **
TO IND COM COTH PTY SCC			Ī		DATE DUE	5	DATE INCURRED	6
		SUBTOTALS \$	2,000 \$	-0- \$	16,053 \$	-0-		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period(Total Column (b) plus unitemized loans of less than \$100.)	of less than \$100.)		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	₩	2,000	tç	†Contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.)	paid or forgiven.)			↔	-0-	COI	IND – Individual COM – Recipient Committee	ımiltee
(Include loans paid by a third party that are also itemized on Schedule A.)	are also itemized on Schedu	лle А.)				- OTH -	(other than PTY or SCC) 1 — Other (e.g., business enl 2 — Political Party	(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.) Page, Column A, Line 2.			NET \$	2,000 (May be a negative number)	SCC-	SCC - Small Contributor Committee	ltor Committee

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

Payments Made Schedule E

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

from through Statement covers period 1/01/2012 3/17/2012 Page CALIFORNIA I.D. NUMBER FORM Ġ 으 SCHEDULE

O

NAME OF FILER SEE INSTRUCTIONS ON REVERSE

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

CNS campaign paraphernalia/misc. CNS campaign consultants	CODES: If one of the following codes accurate	
MBR member communications MTG meetings and approximate	CODES: If one of the following codes accurately describes the payment, you may enter the code Others	
RAD radio airtime and production costs	Otherwise describe the	130334
		3349

* Payments that are contributions or independent expenditures must also be summarized on Schedule CESAR CHAVEZ FUNDRAISER BRAWLEY, CA 92227 PO BOX 188 940 WEST MAIN STREET, SUITE 206 FERNDALE, NY 12734-0188 VOTES UNLIMITED EL CENTRO, CA 92243-2839 IMPERIAL COUNTY REGISTRAR OF VOTERS contribution (explain nonmonetary) civic donations campaign literature and mailings candidate filing/ballot fees independent expenditure supporting/opposing others (explain)* tundraising events legal defense NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER) g g 움필움 professional services (legal, accounting) postage, delivery and messenger services polling and survey research office expenses phone banks petition circulating CODE CMP CTB F S SPONSER **EMERY BOARDS** CANDIDATES STATEMENT SIGNATURES IN LIEU ø DESCRIPTION OF PAYMENT information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals returned contributions t.v. or cable airtime and production costs campaign workers' salaries SUBTOTAL \$ AMOUNT PAID 1,196 9 376 720

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.)
- 2. Unitemized payments made this period of under \$100
- ယ Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
- 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$

69

1,196

69 69

> þ 50

1,246

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

COMMITTEE TO RE-ELECT STELLA A. MENDOZA

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

from Statement covers period

through

5/20/2012 6/30/2012 CALIFORNIA FORM Page __ ဝ <u>o</u> SCHEDULEE თ

1303349 I.D. NUMBER

15,304	4. lotal payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	4. Iotal payments made this period. (/
-0-		3. lotal interest paid this period on loa
324	riod of under \$100\$\$	 Unitemized payments made this period of under \$100
14,980	1. Itemized payments made this period. (Include all Schedule E subtotals.)	1. Itemized payments made this perio
		Schedule E Summary
14,980	Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$	Payments that are contributions or in
14,980		
	VARIOUS AS SOMEDI I ED	SEE ATTACHED SCHEDULE
AMOUNT PAID	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT	NAME AND A
; 1e candidate/sponsor -mail)	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CMP campaign consultants CNS campaign consultants CNC civic donations CVC civic donations CVC civic donations FET pelition circulating FIL candidate filing/ballot fees FIL fundraising events FIC polling and survey research FIC polling and survey research FIC postage, delivery and messenger services FIC postage describes and production costs FIC postage describes FIC production costs FIC production	CODES: If one of the following codes accurately described campaign paraphernalia/misc. 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)* LEG legal defense LIT campaign literature and mailings

SCH "A" - MONETARY CONTRIBUTIONS RECEIVED 5/20/2012 - 6/30/2012

				:		
768,⊅2	9	696'01	\$	•		SJATOT
827,8		3,220		SUOIЯAV	IND	VARIOUS LESS THAN \$100 TOTAL EACH
18,139		6£7,7				SUB-TOTALS
00 1 ,01		-				VARIOUS AS PREVIOUSLY REPORTED
900,3		2'000			ЯЭНТО	6/15/2012 ORMAT NEVADA 1NC. 6225 NEIL ROAD RENO, NEVADA 89511-1136 C
100		100		GEOTHERMAL DEV	IND	6/09/2012 LYNNE A. & DAVID K. WATSON CARDIFF, CA 92007-1805
100		100		RETIRED	IND	6/09/2012 JAMES C.B. & GUILLERMINA ALEX 616 NORTH "H" STREET IMPERIAL, CA 92251-1259
200		500		GEOTHERMAL DEV	IND	6/01/2012 LARRY L. GROGAN VELIA RAMIREZ 444 WEST MAIN STREET EL CENTRO, CA 92243
1,000		000,1			ЯЗНТС	6/01/2012 ENERGY SOURCE LLC 12250 EL CAMINO REAL - SUITE 280 SAN DIEGO, CA 92130
100		100		RETIRED	IND	5/31/2012 JAMES F. & FERNANDA E. HAMILTON 897 DAVID STREET BRAWLEY, CA 92227
۱,000		000,1			ЯЭНТО	5/25/2012 MAIN STREET 2004, LLC PO BOX 29 BEVERLY HILLS, CA 90213
100		100			язнто	5/25/2012 RADCO, INC. 615A SOUTH HIGHWAY 111 BRAWLEY, CA 92227
139	\$	6E1	\$	IID EWBFOXEES	IND	5/25/2012 JESUS S. & OLIVIR I. ALCARAZ 3924 PAUL ROBINSON COURT EL CENTRO, CA 92243
EVITAJUMU OT <u>ETAD</u>	10	CEIVED MOUNT	1A	OCCUPATION	CODE	DATE RECEIVED NAME
TA ZITA ILIMAI		TIADOU	J	7107	10010 - 1	71.07/07/0

COMMITTEE TO RE-ELECT STELLA A. MENDOZA SCH "E" - PAYMENTS MADE \$\2000\2012 - 6\30\20\2

EXIS TOMAS 1 ROSS AVENUE CENTRO, CA 92251	CAC	NOITANOG) [C
CENTRO, CA 92243 PLEBEE'S	SAT	WEVES	18	2
ALIFORNIA LITTLE LEAGUE - DISTRICT 22 10 SUNFLOWER WAY 11 PERIAL, CA 92251	CAC	NOITANOG)	0
SSTCO 30 NORTH IMPERIAL AVENUE CENTRO, CA 92243	OFC	SUPPLIES	Σ.	0
SS AMIGOS SENIOR CITIZEN CLUB 102 6TH STREET 11EXICO, CA 92231	CAC	DONATION	J	0
AGLES LODGE N WEST STATE STREET CENTRO, CA 92243	END	BENTAL FEE	77	8
SOFESSIONAL PACKAGING 3 NORTH 21ST STREET 5 CENTRO, CA 92243	CWb	LAMINATED FAUS	6	7
PECTRUM 50 WEST MAIN STREET - CENTRO, CA 92243	ТЯЧ	PDVERTISING	9'01	0
30P AM 1300 70 SOUTH PLAZA 70 SOUTH 92227	ΠΑЯ	SDA OIDAЯ	33	0
XO RADIO 20 WEST MAIN STREET - CENTRO, CA 92243	ΠΑЯ	SDIO ADS	8	5(
L SOL DEL VALLE O BOX 3442 L CENTRO, CA 92243	TA9	PDVERTISING	l	0
NPERIAL PRINTERS, INC. 30 MAIN STREET L CENTRO, CA 92243	ТЯЧ	SIGNS, ETC.	ታ \$	8(
AME AND ADDRESS OF PAYEE	CODE OB	DESCRIPTION	UOMA <u>11A</u> 9	

\$ 15,304			JATOT
324			UNITEMIZED PAYMENTS - UNDER \$100
_086'≯l			JATOT-8US
100	PHONE CALLING TRANSLATION	SAT	OLIVIA VALENZUELA 550 LINCOLN STREET CALEXICO, CA 92231
750	MALKING/SIGNS	SAT	CALEXICO, CA 92231 141 JOHN KENNEDY STREET GUILLERMO NIEBLA
† 01	WEALS	SAT	EL CENTRO, CA 92243 1620 NORTH IMPERIAL AVENUE 1620 NORTH IMPERIAL
100	MEALS	SAT	FAMOUS DAVE'S 3103 SOUTH DOGWOOD AVENUE EL CENTRO, CA 92243
103	MEALS	SAT	ASPEN IN THE DESERT RESTAURANT 595 WEST MAIN STREET 595 WEST MAIN STREET 7525 AD, 750 AD
126	WEALS	SAT	BURGERS & BEER 260 NORTH IMPERIAL AVENUE EL CENTRO, CA 92243

4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the be certify under penalty of perjury under the laws of the State of California that the foregoing Executed on / () - 2 - / 2 - By Date Executed on Date Executed on Date Executed on Date Executed on Date Date Date Date Date	CITY STATE ZIP CODE	STREET ADDRESS (NO P.O. BOX) 491 WEST "H" STREET CITY STATE ZIP CODE BRAWLEY CA 92227 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	3. Committee Information 1.D. NUN 13033 COMMITTEE NAME (OR CANDIDATE'S NAME (F NO COMMITTEE) COMMITTEE TO RE-ELECT STELLA A. MENDOZA IID DIRECTOR - DIVISION 4	Officeholder, Candidate Controlled C State Candidate Election Commit Recall (Also Complete Parl 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	SEE INSTRUCTIONS ON REVERSE	Recipit Jommittee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)
aure of Controlling Of	AREA CODE/PHONE	AREA CODE/PHONE (760) 344-3495	I.D. NUMBER 1303349 NAME OF TREASURER JIM HAMILTON MAILING ADDRESS	ommittee	rs period Date 2012	Type or print in ınk.
Intained herein and in the attached schedules is true and complete. I sistant Treasurer June Proponent or Responsible Officer of Sponsor Jale, State Measure Proponent FPPC Form 460 (June/01)	STATE ZIP CODE AREA CODE/PHONE	ET STATE ZIP CODE AREA CODE/PHONE CA 92227 (760) 344-7487 EASURER, IF ANY		tement: IX Quarterly Statement In Statement I Special Odd-Year Report In Statement I Supplemental Preelection In (Explain below) Statement - Attach Form 495	OCT 0 3 2012 Pag	Date Stamp FILED REGISTRAR OF VOTER CALIFORNIA 460 REGISTRAR OF VOTER FORM

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

FPPC Form 460 (June/01			\$ 37,953	Add Line 2 + Line 9 in Column B above
different from amounts reported in Column B.	different from amounts reported in Column B	from Lines 2, 7, and 9 (if any).	\$ 4,599	and Outsta
	*0	- 2 -	-0-	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
S		figures that should be subtracted from previous period amounts. If this is	\$ 4,599	If this is a termination statement, Line 16 must be zero.
\$			5,771	15. Cash Payments
₩ (#)		amounts in Column B, add amounts in Column A to the corresponding amounts	6,049	13. Cash Receipts
59			\$ 4,321	Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16
⇔		\$ 49,647	\$ 5,771	11. 10 IAL EXPENDITORES MADE
Total to Date	Date of Election (mm/dd/yy)	-0-	i F. J.	
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	22. Cumulative	\$ 49,647	\$ 5,771	SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 Accrued Expenses (Unpaid Bills)Schedule F. Line 3
ummary for State	Expenditure Limit Summary for State Candidates	\$ 49,647	\$ 5,771	6. Payments Made
				Expenditures Made
en en	21. Expenditures Made \$	\$ 54,246	\$ 6,049	5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4
•	ons	\$ 54,246	\$ 6,049	UTIONS
1/1 through 6/30 7/1 to Date	1/1 thi	\$ 23,900	600	
e State Primary and	Running in Both the State Primary and General Elections	TOTAL TO DATE	(FROMATTACHED SCHEDULES)	Monetary Contributions
Calendar Year Summary for Candidates	Calendar Year Sum	Column B	Column A	Contributions Received
1.D. NUMBER 1303349				COMMITTEE TO RE-ELECT STELLA A. MENDOZA
Page 3 of 6	9/30/2012	through		SEE INSTRUCTIONS ON REVERSE
FORM 460	m 7/01/2012	from _	to whole dollars.	
			INC. AN COLL BOLLS	

Schedule B - Part 1

Type or print in ink.

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Loans Received	Amo	Amounts may be rounded to whole dollars.	unded s.		Statement covers period	vers period	CALIFORNI	CALIFORNIA ACO
				=	from	710172012	FORM	100
NAME OF FILER				=	through	313012012	Page 5	of 6
COMMITTEE TO RE-ELECT STELLA A MENDOZA	MENDOZA						I.D. NUMBER	
FILL NAME OTBETCY AND TO COLUMN	DIALENTED	②	(6)				1303349	
OF LENDER (F COMMITTEE ALSO ENTER LD NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	D THIS	AMOUNT PAID OR FORGIVEN	OUTSTANDING BALANCE AT CLOSE OF THIS	T =	ORIGINAL AMOUNT OF	(g) CUMULATIVE CONTRIBUTIONS
STELLA A. MENDOZA 491 WEST "H" STREET	IID DIRECTOR -				PERIOD		LOAN	TO DATE
BRAWLEY, CA 92227	ON 4			\$ 400	\$ 37,953	-0- % RATE	3 4,400	23,900
TEN IND COM COTH PTY CSCC		37,353	1,000		N/A	-0-	4/04/08	5
				PAID				CALENDARYEAR
				FORGIVEN		RATE %	5	PER ELECTION **
TO NO COM COTH CPTY SCC		5	5		DATEDUE		DATE INCURRED	
				PAID				CALENDAR YEAR
	-		<u> </u>	FORGIVEN		RATE %		PER ELECTION **
TO IND COM OTH OFTY OSCC		ľ	S .		DATE DUE	6	DATE INCURRED	
	S	SUBTOTALS \$	1,000 \$	400 \$	37,953 \$	-0-		
റ						(Enter (e) on Schedute E, Line 3)		
(Total Column (b) plus unitemized loans less than \$100.)	ess than \$100.)			 ₩	1,000		*Amounts forgiven or paid by	ven or oaid by
Loans paid or forgiven this period (Total Column (c) nlirs loans under \$100 paid or forgiven.)				₩	400		another party also must be reported on Schedule A.	ilso must be hedule A.
(Include loans paid by a third party that are also itemized on Schedule A.)	re also itemized on Schedul	eA.)					** If required.	
 Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, 	? from Line 1.) Page, Column A, Line 2.			NET \$ (May be	600 (May be a negative number)			
† 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

	=		
177,8 \$	-		JATOT
507			UNITEMIZED PAYMENTS - UNDER \$100
890'9	-		JATOT-8U2
000'1	DNISITA∃VQA	ТЯЧ	SPECTRUM 750 WEST MAIN STREET EL CENTRO, CA 92243
121	SIGNS CKEM	SAT	ROSA'S PLANE FOOD CALEXICO, CA 92231
101	SIGNS CKEM	SAT	EL CENTRO, CA 92243 3963 SOUTH HIGHWAY 111 SHELL
2,866	. SIGNS' ELC	ТЯЧ	IMPERIAL PRINTERS, INC. 430 MAIN STREET EL CENTRO, CA 92243
101	? SIGNS CKEM	вят	GOLDEN DRAGON RESTAURANT 928 IMPERIAL AVENUE CALEXICO, CA 92231
787	S SIGNS CKEM	SAT.	ATEN EXPRESS 390 WEST ATEN RAOD IMPERIAL, CA 92251
125	S SIGNS CEEM	зят	ORIGINAL TOWN PUMP 200 WEST MAIN STREET WESTMORLAND, CA 92281
120	DVERTISING T	.ਖ਼ੑੑੑੑ	IMPERIAL VALLEY PRESS 205 NORTH 8TH STREET EL CENTRO, CA 92244-2641
300 \$	CANDIDATE TNEMENT	JIH	IMPERIAL COUNTY ELECTIONS DEPT. 940 WEST MAIN STREET, SUITE 206 EL CENTRO, CA 92243-2839
TNUOMA <u> </u>	OB' DESCRIBLION	CODE	NAME AND ADDRESS OF PAYEE

AREA CODE/PHONE CA 92227 (760) 344-3495 AND STREET OR P.O. BOX STATE ZIP CODE AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS State of California that the foregoing is true and correct. By Signalure of Controlling Officeholder, Candidate, State Measure Proponent By Signalure of Controlling Officeholder, Candidate, State Measure Proponent By Signalure of Controlling Officeholder, Candidate, State Measure Proponent By Signalure of Controlling Officeholder, Candidate, State Measure Proponent	Ampaign Statement over Page ove	State m ough ough on sore on plete Partible on sore on	Date of election if applicable: (Month, Day, Year) 11/06/2012 2. Type of Statement: Semi-annual Statement Semi-annual Statement (Also file a Form 410 Termination) Amendment (Explain below) Treasurer(s) NAME OF TREASURER JIM HAMILTON MAILING ADDRESS 897 DAVID STREET CITY BRAWLEY	Date Stamp FILE REGISTRARO OCT 2 4 Allor) STATE CA
3. Committee Information 1D, NUMBER Treasurer(s) NAME Trea	Officeholder, Candidate Controlled Committee All Committee Officeholder, Candidate Controlled Committee Officeholder, Candidate Election Committee	nplete Parts 1, 2, 3, and 4. imarily Formed Ballot Measure promittee i Controlled Sponsored co Complete Part 6) imarily Formed Candidate/ ficeholder Committee co Complete Part 7)		ation)
STREET ADDRESS (NO PO, BOX) 491 WEST "H" STREET OTY BRAWLEY CA 92227 CITY STATE ZIP CODE AREA CODEIPHONE OPTIONAL: FAX / E-MAIL ADDRESS Verification Inave 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 cornect. Executed on Does Executed on Does Executed on Does STATE ZIP CODE AREA CODEIPHONE AREA CODEIPHONE AREA CODEIPHONE AREA CODEIPHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX	Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE COMMITTEE TO RE-ELECT STELLA A. MET	NUMBER 303349	Treasurer(s) NAME OF TREASURER JIM HAMI! TON	
BRAWLEY CA STATE ZIP CODE AREA CODE/PHONE MALLING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP COD	STREET ADDRESS (NO P.O. BOX) 491 WEST "H" STREET		897 DAVID STREET	1 1
OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS	STATE CA NG ADDRESS (IF DIFFERENT) NO. AND STREET OR	(7	=	CA
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, under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on	STATE		ONAL	STATE
Date By L	Verification I have used all reasonable diligence in preparing and reviewing the under penalty of perjury under the laws of the State of California the Executed on $\frac{/ \upsilon - 2 + (-) 2}{0}$ Executed on ${} $	nat the foregoing is true and correct. By	ledge the information contained herein	n and in the attached schedules is tru
			nature of Controlling Officeholder, Candidate, State N	ent or Responsible Officer of Sponsor Measure Froponent

COVER PAGE - PART 2
LIFORNIA 460
FORM

ОПУ	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTEE NAME	СІТҮ		NAME OF TREASURER	COMMITTEE NAME	Related Committe not included in this state contributions or make e		491 WEST "H" STREET	RESIDENTIAL/BUSINESS	IID DIRECTOR - DIVISION 4	OFFICE SOUGHT OR HELD (INC	NAME OF OFFICEHOLDER OR CANDIDATE	5. Officeholder or C:
STATE ZIP CODE AREA CODE/PHONE	STREET ADDRESS (NO P.O. BOX)	CONTROLLED COMMITTEES	I.D. NUMBER	STATE ZIP CODE AREA CODE/PHONE	SIREET ADDRESS (NO P.O. BOX)	CONTROLLED COMMITTEE?	I.D. NUMBER	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.		BRAWLEY, CA 92227	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP	DIVISION 4	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER OF THE	R OR CANDIDATE	Officeholder or Candidate Controlled Committee
Attach continuation sheets if necessary	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SO	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SC		NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SC	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SC	7. Primarily Formed Candidate/Officeholder Committee List 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 property is		BALLOT NO. OR LETTER JURISDICTION		NAME OF BALLOT MEASURE	6. Primarily Formed Ballot Measure Committee
necessary	OFFICE SOUGHT OR HELD SUPPORT OPPOSE	OFFICE SOUGHT OR HELD SUPPORT OPPOSE	□ SUPPORT □ OPPOSE	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	Committee List names of sprimarily formed.		DISTRICT NO. IF ANY	measure proportent, it any.	state measure proposed in	L OPPOSE	SUPPORT			tope

Campaign Disclosure Statement Summary Page

Type or print in ink.

SI IMMARY DAGE

FPPC Form 460 (January/05)		\$ 38,803	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	from Lines 2, 7, and 9 (if any).	\$ 1,168	
		\$ -0-	RECEIVED
	figures that should be subtracted from previous period amounts. If this is	\$ 1,168	If this is a termination statement, Line 16 must be zero.
*Amounts in this section may be different from amounts reported in Column B.	corresponding amounts from Column B of your last report. Some amounts in Column A may be negative	-0- 18,888	Miscellaneous Increases to Ca Cash Payments
\$	To calculate Column B, add amounts in Column A to the	\$ 4,599 15,457	Current Cash Statement 12. Beginning Cash Balance
(mm/dd/yy)	\$ 68,535	\$ 18,888	
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date	\$ 68,535	\$ 18,888	8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F. Line 3
Expenditure Limit Summary for State Candidates	\$ 68,535	\$ 18,888 -0-	
			Expenditures Made
21. Expenditures Made \$\$	\$ 69,703	\$ 15,457	5. TOTAL CONTRIBUTIONS RECEIVED
20. Contributions Received \$	\$ 69,703	\$ 15,457	3. SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date	24,750	850	•
Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	Colum CALENDAR TOTAL TO	FROMATTACHED SCHEDULES)	Contributions Received 1. Monetary Contributions
1.D. NUMBER 1303349			
10/20/2012 Page 3 of 6	through_		SEE INSTRUCTIONS ON REVERSE
Statement covers period CALIFORNIA 460	fro	Amounts may be rounded to whole dollars.	Summary Page

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

Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VARIOUS

SEE ATTACHED SCHEDULE

DATE RECEIVED

Type or print in ink.

Amounts may be rounded to whole dollars.

10/01/2012	Statement covers period	
CALIFORNIA	PAI itotalia	

COMMITTEE TO RE-ELCT STELLA A. MENDOZA FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE * OSC PALACON DO SCC DATA NO SCC DATA OSSC ALA OSSC AND OSS SCC PTY COM MOD H □scc OSC PART OF THE PROPERTY OF TH IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) SUBTOTAL \$ from through AMOUNT RECEIVED THIS PERIOD 13,500 13,500 7107110/01 10/20/2012 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 36,839 Page __ 1303349 I.D. NUMBER FORM 4 PER ELECTION TO DATE (IF REQUIRED) 으 SCHEDULE A 0

Schedule A Summary

- Amount received this period itemized monetary contributions. (Include all Schedule A subtotals.)
- က် 2. Amount received this period – unitemized monetary contributions of less than \$100
- Total monetary contributions received this period.

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

69 4

13,500 1,107

14,607

Schedule B - Part 1

Type or print in ink,

SCHEDULE B-PART 1

Loans Received	Amo	Amounts may be rounded to whole dollars.		Statement covers period	rs period	CALIFORNIA	↑ ↑ ↑
SEE INSTRUCTIONS ON REVERSE				170m10/2		FORM	.00
NAME OF FILER				through 10/2	10/20/20/7	Page 5	of
COMMITTEE TO RE-ELCT STELLA A. MENDOZA	MENDOZA					I.D. NUMBER	
TITL NAME OFFICE APPORTS AND THE		(3)	ŵ			1303349	
(IF COMMITTEE, ALSO ENTER ID, NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYER NAME OF BUSINESS)	OUTSTANDING AN BALANCE BEGINNING THIS PERIOD PERIOD PERIOD	RECEIVED THIS OR FORGIVEN PERIOD THIS DEBICES*	CE ON	(e) INTEREST PAID THIS	ORIGINAL AMOUNT OF	(9) CUMULATIVE CONTRIBUTIONS
STELLA A. MENDOZA 491 WEST "H" STREET BRAWLEY, CA 92227	IID DIRECTOR - DIVISION 4	i		\$ 38,803	-0- *	LOAN 4,400	CALENDAR YEAR \$ 24,750
TO IND COM COTH CPTY CSCC		\$ 37,953	850	N/A	0	4/04/08	PER ELECTION**
			□ PAID				CALENDAR YEAR
			FORGIVEN	6	RATE %		PER ELECTION**
TO IND COM COTH CPTY CSCC		\$	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DATEDUE		DATE INCURRED	
			PAID				CALENDAR YEAR
2,2			FORGIVEN	60	RATE %		PER ELECTION**
I ND COM COTH CPTY CSCC		\$		DATEDUE		DATE INCURRED \$	
	S	SUBTOTALS \$	850 \$ -0-	\$ 38,803 \$	-0-	ME.	
റ				Sc	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loans of less than \$100.)	of less than \$100.)		€	850			
2. Loans paid or forgiven this period			÷	-0-	iND-	†Contributor Codes IND Individual	
(notal Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	aid or forgiven.) re also itemized on Schedul	e A.)			OTH-	COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity)	nitlee ' or SCC) iness entity)
 Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2. 	from Line 1.) 2age, Column A, Line 2.		NET \$	850	SCC-	PTY - Political Party SCC - Small Contributor Committee	r Committee

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

Schedule E Payments Made

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

Statement covers period CALIFORNIA A CO

SCHEDULEE

	from collets.	from 10/01/2012	FORM 400
SEE INSTRUCTIONS ON REVERSE	th	through 10/20/2012 P	Page 6 of 6
COMMITTEE TO RE-ELCT STELLA A. MENDOZA		4 _	I.D. NUMBER
DES: If one of the following codes accurately describes the parameter parameters of the parameters of	- 1	Otherwise, describe the payment.	
camp		radio airtime and production costs returned contributions	vs
civic donations Candidate filing/ballot fees FET Candidate filing/ballot fees PHO fundraising events	ating		on costs
inderaising events POL independent expenditure supporting/opposing others (explain)* POS legal defense campaign literature and mailings PRT	polling and survey research TRC polling and survey research TRS postage, delivery and messenger services TSF professional services (legal, accounting) VOT WEB		als meals the same candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION	DESCRIPTION OF PAYMENT	AMOI INT PAIN
SEE ATTACHED SCHEDULE	VARIOUS AS SOUTH		
	יייייייייייייייייייייייייייייייייייייי		18,815
are contributions or independent expenditures must also	be summarized on Schedule D.	SUBTOTAL\$	TAL\$ 18,815
Itemized payments made this period. (Include all Schedule E subtotals.)	81	ā	18 815
			\$ 73
 Iotal Interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) Total payments made this period. (Add I thes 1, 2 and 2 Enter the column (e).) 	Column (e).)		
. (And Lilles I, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).	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

		_			
44,953	\$ 709,41 \$	<u> </u>		SJATOT	
Þ11,8	۲۵۱,۱	SUOISAV	IND	LESS THAN \$100 TOTAL EACH	SUOIAAV
<u>868,85</u>	13,500	_		SJATOT-8US	
22,039	-			AS PREVIOUSLY REPORTED	SUOIЯAV
005,1	1,500		AHTO	GROW ELECT 3020 12TH STREET, STE 232 SACRAMENTO, CA 95814-3986	21/11/01
520	520	1EMEFEK	IND	LARRY M. BRATTON 565 SANDALWOOD DRIVE EL CENTRO, CA 92242	10/10/12
720	520	Waj-ta-yanaotta	IND	CLIFFORD C CALDWELL 795 DESERT GARDENS EL CENTRO, CA 92243-4415	10/101/01
000,3	2'000		ЯЭНТО	IMPERIAL PROJECTS 73-185 HIGHWAY 111, SUITE D PALM DESERT, CA 92260	21/10/01
009	909	SOLAR PLANT REDANAM	IND	CHARLES J & DEBRA S HOSKEN 1996 CHAMBERS LANE 1996 CHAMBERS LANE	71/60/01
000'9	6,000	;	OTHER	ENERGY SOURCE LLC 12250 EL CAMINO REAL, SUITE 280 SAN DIEGO, CA 92130	10/06/12
300	200	GEOTHERMAL DEVELOPMENT	ONI	CARDIFF, CA 92007-1805 2104 EDINBURG AVENUE DAVID K & LYNNE A WATSON	21/01/01
200	300	GEOTHERMAL DEVELOPMENT	IND	EL CENTRO, CA 92244 PO BOX 2478 LARRY L. GROGAN & VELIA RAMIREZ	10/02/15
200	200	RETIRED	IND	CHARLES F. & MARY E. BROWN 200 SOUTH RIO VISTA BRAWLEY, CA 92243	Z1/80/01
500	200	ENGINEER	IND	JAMES T. & CHERYL TURNER 2632 OASIS STREET 1MPERIAL, CA 92251	Z1/80/01
001 \$	\$ 001	азише	IND	R.W. & PATRICIA L. DOCKSTADER 4510 RIDGEGLEN ROAD COLORADO SPRINGS, CO 80918	Z1/6Z/6
SUMULATIVE OT <u>STAD</u>	CURRENT (RECEIVED	<u>OCCUPATION</u>	CODI	<u>D</u> NAME	DATE SECEIVE

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

10			
888,81 \$			JATOT
٤٢			UNITEMIZED PAYMENTS - UNDER \$100
718,81			JATOT-8US
315	ADVERTISING	ТЯЧ	EL SOL DEL VALLE PO BOX 3442 EL CENTRO, CA 92243
001,1	CONSULTANT	ОЯЧ	SAN DIEGO, CA 92127 16870 WEST BERNARDO DRIVE, STE 400 FRANK SALAZAR
104	SIGNS, ETC.	ТЯЧ	IMPERIAL PRINTERS, INC. 430 MAIN STREET EL CENTRO, CA 92243
096'₺	ADVERTISING	ТЯЧ	LAMAR COMPANIES PO BOX 66338 BATON ROUGE, LA 70896
588	ADVERTISING	ТЯЧ	CALEXICO, CA 92231 CALEXICO, CA 92231
097	ADVERTISING	ТЯЧ	THE DESERT REVIEW PO BOX 1236 BRAWLEY, CA 92227
000'11\$	ADVERTISING	ТЯЧ	SPECTRUM 750 WEST MAIN STREET EL CENTRO, CA 92243
TNUOMA <u>GIAG</u>	B' DESCRIPTION	CODE O	NAME AND ADDRESS OF PAYEE

497 Contribution Report

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

	*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	pr.		ant:	Reason for Amendment
Check if Loan % Provide interest rate	o <u>.</u> o	O OTH			
☐ Check if Loan % Provide interest rate		O SCC COM			
\$5,000	9.6 9	SCC COM		ORMAT NEVADA INC. GENERAL ACCOUNT 6225 NEIL ROAD RENO, NV 89511-1136	10/31/2012
AMOUNT RECEIVED	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF-EMPLOYED, ENTER MAME OF BUSINESS)	CONTRIBUTOR CODE *	TRIBUTOR	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE
	ት BOSOSE			າ(s) Received	1. Contribution(s) Received
	OCT 31 2012	nt N/A	amendment to Report No. (explain below)	REET STATE ZIP CODE CA 92227	491 WEST "H" STREET
497 CONTRIBUTION REPORT LIFORNIA 497 FORM FOR Official Use Only	Date Stamp CALIFORNIA FORM FORM For Official to	10/31/2012	Date of This Filing	VAME OF FILER COMMITTEE TO RE-ELECT STELLA A. MENDOZA AREA CODE/PHONE NUMBER (760) 344-3495 TREET ADDRESS	COMMITTEE TO REAREA CODE/PHONE NUMBER (760) 344-3495 STREET ADDRESS

Late Contribution Report

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

NAME OF FILER				LATE CONTRIBUTION REPORT
COMMITTEE TO RE-ELECT STELLA A. MENDOZA	A. MENDOZA	Date of 10/25/2012	Date Stapp	CALIFORNIA A O
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)		REGISTRAR OF VOTERS	FORM 49/
G	1303349	Report No.		For Official Use Only
STREET ADDRESS		-1-	7107 @ 9 100	_
491 WEST "H" STREET		☐ Amendment N/A		
CITY	STATE ZIPCODE	(explain below)	RECEWEDBY:	
BRAWLEY	CA 92227	No. of Pages 1		

Late Contribution(s) Received

			*Contributor Codes IND Individual COM Recipient Committee (other than PTY or SCC) OTH Other *Contributor Codes PTY Political Party SCC Small Contributor Committee	*Contributor Codes IND Individual COM Recipient Comn OTH Other
Check if Loan		□ SCC	0.000 Amely 10, 00, 300 14-03000	
2.000		COM IND	GROW ELECT 1020 12TH STREET, STE 232 SACRAMENTO CA 05011 2000	10/24/2012
2,000		DOS CI	555 CAPITOL MALL, STE 1425 SACRAMENTO, CA 95814	
Check ii roan		COM	CALIFORNIA UNITED HOMECARE WORKERS UNION LOCAL 4034 PAC ID # 1292045	10/24/2012
Check		□ PTY		
1.000	RETIRED	O COM	VIRGINIA E. RYERSON 202 SANTA ROSA AVENUE EL CENTRO CA 92243	10/24/2012
AMOUNT RECEIVED	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 ()F COMMITTEE, ALSO ENTER LD, NUMBER)	RECEIVED
				DATE

Reason for Amendment _

kecipient Committee Campaign Statement Cover Page	Type or print in ink.		ाज भिर्मा
Government Code Sections 84200-84216.5)	Statement covers period C	Date of election if annication	REGIS 701 Page 1 of 6
	 	(Month, Day, Year)	For Official U
EE INSTRUCTIONS ON REVERSE	through 12/31/2012	11/06/12	The state of the s
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 ☐ Sponsored ☐ Sponsored ☐ Sponsored ☐ Officeholder Committee	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee O Controlled O 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 - Atlach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	(.D. NUMBER 1303349 E)	Treasurer(s)	
COMMITTEE TO RE-ELECT STELLA A. MENDOZA	OZA	JIM HAMILTON MAILING ADDRESS MOUNT AND STREET	
1 WEST "H" STREET	4.0	BRAWLEY	STATE ZIP CODE AREA CODE/PHONE CA 92227 (760) 344-7487
CITY STATE ZIP CODE BRAWLEY CA 92227 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	7 (760) 344-3495	STANT TRE]
CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS	DDE AREA CODE/PHÔNE	CITY	STATE ZIP CODE AREA CODE/PHONE
. Verification		יייייייייייייייייייייייייייייייייייייי	
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.	g this statement and to the best of my knowled a that the foregoing is true and correct.	dge the information contained herei	n and in the attached schedules is true and complete. I certify
Executed on //C/3 Executed on //C/3 Executed on Date	By Signature of Controlling	Signature of Treasurer or Assistant Treasurer Controlling Officeholder, Candidate, State Measure Propogent or Signature of Controlling Officeholder, Candidate, State Measure	Assistani Treasurer Medsure Propogen or Responsible Officer of Sponsor Medsure Propogen of Responsible Officer of Sponsor
Executed onDate	By Signa	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Measure Proponent

					Page 2 of 6	
5. Officeholder or Can-	Officeholder or Candidate Controlled Committee	ttee	6. Primarily Formed Ballot	med Ballot Measure Committee		L
NAME OF OFFICEHOLDER OR CANDIDATE	OR CANDIDATE		NAME OF BALLOT MEASURE			
STELLA A. MENDOZA	ZA					
OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	T NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT	
IID DIRECTOR - DIVISION 4	ISION 4				OPPOSE	
RESIDENTIAL/BUSINESS ADDRESS	DRESS (NO. AND STREET) CITY	TY STATE ZIP				
491 WEST "H" STREET		BRAWLEY, CA 92227	Identify the controlling offic	eholder, candidate, or st	trolling officeholder, candidate, or state measure proponent, if any.	ķ
			NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	IDATE, OR PROPONENT		
not included in this stater contributions or make exp	Related Committees Not included in tills 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.	ternem: List any committees r are primarily formed to receive didacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	
COMMITTEE NAME		I.D. NUMBER				
			7 Drimarily Formad Candi	data/organisation of		
NAME OF TREASURER		CONTROLLED COMMITTEE?	officeholder(s) or	candidate(s) for which this committee is primarily formed.	primarily formed.	
COMMITTEE ADDRESS	(NO		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD SUPPORT OPPOSE	•
CITY	SIAIE ZIP CODE	ODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD SUPPORT OPPOSE	.
			NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD SUPPORT OPPOSE	.
NAMEOFIXEASOREX		☐ YES ☐ NO	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD SUPPORT	.
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	(XC				
CITY	STATE ZIP CODE	ODE AREA CODE/PHONE	Attach	Attach continuation sheets if necessary	necessary	

Campaign Disclosure Statement

Type or print in ink.

SUMMARY PAGE

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)	FPPC Toll-Free Helpli		-0-	Outstanding Debts Add Line 2
			\$ -0-	Cash Equivalents and Outstanding Debts 18. Cash Equivalents
		for this calendar year, only carry over the amounts	-0-	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
		Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed	-0-	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.
*Amounts in this section may be different from amounts reported in Column B.	*Amounts in this section a reported in Column B.	amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in	13,050 -0- 14,218	Cash Receipts Miscellaneous Increases to Cash
₩		To coloulate Column B add	\$ 1,168	Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16
\$		\$ 82,753	\$14,218	A
Total to Date	Date of Election (mm/dd/yy)	-0-	-0-	9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	22. Cumulativ	\$ 82,753	\$ 14,218	7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
Limit Summary for State	Expenditure Limit Candidates	\$ 82,753	\$ 14,218	Expenditures Made 6. Payments Made Schedule E, Line 4
₩ ₩	Made \$	\$ 82,753	\$ 13,050	TOTAL CONTRIBUTIONS RECEIVED
₩		\$ 82,753	\$ 13,050	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3
1/1 through 6/30 7/1 to Date	1/11	(14,053)		
•	General Elections		¢ 51,853	Monoton Contributions
Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Sun Running in Both th	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
1.D. NUMBER 1303349				COMMITTEE TO RE-ELECT STELLA A. MENDOZA
Page 3 of 6	12/31/2012	through		EE INSTRUCTIONS ON REVERSE
CALIFORNIA 460	Statement covers period 10/21/2012	fro	Amounts may be rounded to whole dollars.	Summary Page

Mon Schedule A

Type or print in ink.

SCHEDULE A

Monetary C	Monetary Contributions Received	Amounts to v	Amounts may be rounded to whole dollars.	Statement covers period		CALIFORNIA ASO
				from		FORM
SEE INSTRUCTIONS ON REVERSE	IS ON REVERSE			through 12/3	12/31/2012	Page 4 of 6
NAME OF FILER	The state of the s					I.D. NUMBER
COMMITTEE	EE TO RE-ELECT STELLA A. MENDOZA					1303349
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, 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 AR TODATE (IF REQUIRED)
VARIOUS	SEE ATTACHED SCHEDULE	OIND COM PTY SCC		14,500	51,339	©
12/21/2012	STELLA A. MENDOZA 491 WEST "H" STREET BRAWLEY, CA 92227	ZIND COM DOTH SCC	IID DIRECTOR - DIVISION 4	37,172	37,172	2
		OTH SCC				
		OTH SCC				
		SCC SCC				
			SUBTOTAL \$	51,672		
Schedule 1. Amount re (Include a	Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		€9.	51,672	*Contri IND - I	*Contributor Codes IND – Individual COM – Recipient Committee Cother than BTV or SCC)
2. Amount re	2. Amount received this period – unitemized monetary contributions of less than \$100	s of less than	\$100\$	181	0TH -	OTH – Other (e.g., business entity) PTY – Political Postrib
3. Total mon	Total monetary contributions received this period.			1	SCC-	SCC – Small Contributor Committee

51,853

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Cons Pacaived	Amou	Amounts may be rounded to whole dollars.	Inded		10/21/2012	Onto	CALIFORNIA	[↑] 460
						12/31/2012	5	D)
SEE INSTRUCTIONS ON REVERSE					and again		- S NEW BED	
NAME OF FILER							I.D. NUMBER	
COMMITTEE TO RE-ELECT STELLA A. MENDOZA	ENDOZA						1303349	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSOENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
STELLA A. MENDOZA 491 WEST "H" STREET BRAWLEY, CA 92227	IID DIRECTOR - DIVISION 4			N PAID 1,631 FORGIVEN	-0-	-0-%	\$_4,400	calendar year 25,250 PER ELECTION**
TOD IND □ COM □ OTH □ PTY □ SCC		38,803	-0-	\$ 37,172	N/A DATE DUE	-0-	4/04/08 DA E NOURRED	
				PAID FORGIVEN	5	RATE		CALENDAR YEAR \$ PER ELECTION ***
TO IND COM OTH PTY Scc					DATEDUE		DATE INCURRED	•
				PAID				CALENDARYEAR
				FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SCC		\$	Î		DATE DUE		DATE INCURRED	5
		SUBTOTALS \$	-0-\$	38,803	\$ -0- \$	-0-		
Schedule B Summary					>	(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)	of less than \$100.)			ن	d	ठी	†Contributor Codes	
2 Loans paid or forgiven this period	· · · · · · · · · · · · · · · · · · ·				(38,803)	<u> </u>	IND – Individual COM – Recipient Committee	mmittee
	aid or forgiven.) re also itemized on Schedı	ule A.)				 P 0	(other Ihan PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party	business entity)
 Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2 	2 from Line 1.)Page, Column A, Line 2.	***************************************		NET \$ (Ma)	(38,803)	[8	SCC - Small Contributor Committee	outor Committee

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

Schedule E Payments Ma

	through _	from	Stateme
	12/31/2012	10/21/2012	Statement covers period
5	Page .	77	CALI

Schedule E Type or print in ink. Amounts may be rounded to whole dollars.	in ink. e rounded ollars.	Statement covers period C	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		12/31/2012	Page 6 of 6
NAME OF FILER COMMITTEE TO RE-ELECT STELLA A. MENDOZA			1.D. NUMBER 1303349
CODES: If one of the following codes accurately describes the payment, you may enter the code. (CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings MBR member communications MD meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research PRO professional services (legal, accounting) PRO professional services (legal, accounting)	ayment, you may enter the code. (member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounling) print ads	Otherwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campalgn workers' salaries TEL t.v. or cable airlime 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)	ts on costs meals the same candidate/sponsor
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
* Payments that are contributions or independent expenditures must also be summ	be summarized on Schedule D.	SUBTO	SUBTOTAL\$ 14,120
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)			\$ 14,120
2. Unitemized payments made this period of under \$100\$100			98
	1, Column (e).)		
4 Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A. Line 6.)	he Summary Page, Coli	umn A. Line 6.)TOTAL \$	\$ 14,218