

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

**CALIFORNIA
FORM 460**

Page 1 of 2
For Official Use Only

Statement covers period from <u>7-1-2012</u> through <u>9-30-2012</u>	Date of election if applicable (Month, Day, Year) <u>11-6-2012</u>	Date Stamp OCT - 5 PM 4: 19	Received <u>Imperial County ROV 212</u>
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1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed 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 Prellection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect J.P. Menvielle I.D. NUMBER 338204

Treasurer(s) John Pierre Menvielle

STREET ADDRESS (NO P.O. BOX) 897 West Ross Road
CITY El Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE 760-353-1869
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

NAME OF TREASURER John Pierre Menvielle
MAILING ADDRESS 897 West Ross Road
CITY El Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE 760-353-1869
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 760-353-9065

4. Verification

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

Executed on 10-5-2012 Date
By John Pierre Menvielle Signature of Treasurer or Assistant Treasurer
Executed on 10-5-2012 Date
By John Pierre Menvielle Signature of Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date
By _____ Signature of Controlling Officer/Candidate, State Measure Proponent
Executed on _____ Date
By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
John Pierre Mevielle
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
I. E. D. Director Division 2
RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP
897 West Ross Rd El Centro CA 92243

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Pierre Mervielle

Statement covers period from 7-1-2012 through 9-30-2012

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CALIFORNIA FORM 460

I.D. NUMBER
1338204

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ <u>24535.00</u>	\$ <u>106252.95</u>
2. Loans Received	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	\$ <u>24535.00</u>	\$ <u>106252.95</u>
4. Nonmonetary Contributions	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	\$ <u>24535.00</u>	\$ <u>106252.95</u>

Expenditures Made

6. Payments Made	\$ <u>42022.88</u>	\$ <u>100078.54</u>
7. Loans Made	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS	\$ <u>42022.88</u>	\$ <u>100078.54</u>
9. Accrued Expenses (Unpaid Bills)	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE	\$ <u>42022.88</u>	\$ <u>100078.54</u>

Current Cash Statement

12. Beginning Cash Balance	\$ <u>23662.29</u>	
13. Cash Receipts	\$ <u>24535.00</u>	
14. Miscellaneous Increases to Cash	\$ <u>0</u>	
15. Cash Payments	\$ <u>42022.88</u>	
16. ENDING CASH BALANCE	\$ <u>61174.41</u>	

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

LOAN GUARANTEES RECEIVED

Schedule B, Part 2

\$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ <u>0</u>
19. Outstanding Debts	\$ <u>0</u>

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

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

20. Contributions Received \$ _____

21. Expenditures Made \$ _____

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

\$ _____

\$ _____

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 (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

**CALIFORNIA
FORM 460**

Statement covers period
from 7-1-2012
through 9-30-2012

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I.D. NUMBER
1338204

NAME OF FILER		DATE RECEIVED		FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE AS SO ENTERED 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)
John Pierre Menville		8-15-12	8-15-12	John Guzzie Farming	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
		8-15-12	8-15-12	Paci Ireland Davenport Dev.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		
		8-22-12	8-22-12	William Brandt	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		
		8-24-12	8-24-12	Smith-Kauder Real Estate	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		900.00		
		9-1-12	9-1-12	Ben Abzahi IR	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00		
SUBTOTAL							\$3,200.00		

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

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

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

SCHEDULE A (CONT)

Statement covers period
from 7-1-12
through 9-30-12

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I.D. NUMBER
1338204

NAME OF FILER		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)
JAN RIVER MERRILL		9-7-12		TJL Capital, Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00		
		9-7-12		George Bishop	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
		9-7-12		Andy Hoyt	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
		9-10-12		Seurpiz Energy	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		
		9-12-12		Stanley B Francis M. Hawkins	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
SUBTOTAL \$							4350.00		

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

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

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

SCHEDULE A (CONT.)

NAME OF FILER

John Pierre Menville

Statement covers period
from 7-1-12
through 9-30-12

CALIFORNIA
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ID NUMBER
1338204

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
9-12-12	Renber & Olga Lopez	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00		
9-12-12	Suzie R. Kandal Real Estate	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
9-13-12	Hannah El Deborah Walk	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
9-13-12	Preeda Farnus	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
9-14-12	William & Mary Ellen Dubois	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
SUBTOTAL \$				1400.00		

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(other than PTY or SCC)
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SCC - Small Contributor Committee

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

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

Statement covers period
from 7-1-12
through 9-30-12

SCHEDULE A (CONT.)
**CALIFORNIA
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I.D. NUMBER
133824

NAME OF FILER

John Pierre Menville

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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
9-15-12	Larry Brattan	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
9-12-12	Kubler Farms	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
9-12-12	LARRY LOCATE 1184	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00		
9-22-12	W.E. & Judy DeHock	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
9-22-12	DeHock and Associates	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
SUBTOTAL \$				1350.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from 9-1-12
through 9-30-12

SCHEDULE A (CONT.)
CALIFORNIA
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NAME OF FILER John Renee Menzelle I.D. NUMBER 1938204

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 (IF REQUIRED)
9-22-12	Daniel R. Batista Cabral	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
9-26-12	Republic Services, Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		
9-26-12	Don Wilcoxson KAREN dicallaghan	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		
9-26-12	William A. Prithard	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,800.00		
9-26-12	MAX CASTILLO ZAD Natalie Castillo	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00		
SUBTOTAL				\$4250.00		

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

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

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

SCHEDULE A (CONT.)
**CALIFORNIA
FORM 460**

Statement covers period
from 7-1-12
through 9-30-12

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ID NUMBER
1338204

NAME OF FILER		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 TODAY (IF REQUIRED)
John Pierre Menville		9-26-12		Elzine Ponton and Marie Schmidt	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00		
		9-28-12		Elsie Clevere	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
		9-28-12		E. L. Jernigan	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00		
		9-29-12		Clifford C. Caldwell	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350.00		
		9-29-12		Moran Livershuk Co.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00		
SUBTOTALS							200.00		

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

Schedule A
Monetary Contributions Received

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

Statement covers period
from 7-1-2012
through 9-30-2012

SCHEDULE A
CALIFORNIA
FORM
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ID NUMBER
1338204

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Blm Pierre Menville

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 (IF REQUIRED)
9-29-12	John J Carey Kennetism	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				100.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions: (Include all Schedule A subtotals) \$ 22950.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 1585.00
- Total monetary contributions received this period: (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 24,535.00

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

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
 from 7-1-2012
 through 9-30-2012

CALIFORNIA FORM 460

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I.D. NUMBER
1338204

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

John Rerre Menville

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>ALL SPORTS INTERNATIONAL</u>				<u>142.89</u>
<u>Robhuster</u>				<u>45.00</u>
<u>John F. Menville Farms</u>				<u>3179.00</u>
<u>Superior Ready Mix Concrete</u>				<u>172.40</u>
<u>I.V.E.D.C.</u>				<u>460.00</u>

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

SUBTOTAL \$ 3939.20

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

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

SCHEDULE E (CONT.)

Statement covers period
from 7-1-2012
through 9-30-2012

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CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER John Rene Mervelle ID NUMBER 1338204

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

CNP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	FET	petition circulating	TEL	TV, or cable airtime and production costs
FIL	candidate filing/ballot fees	P-HO	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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
I.V. Press				115.00
John Rene Mervelle				500.00
Milberia Printers				673.44
Postmaster				46.50
Alegria				200.00

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

SUBTOTAL \$ 1534.94

Schedule E
(Continuation Sheet)
Payments Made

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

John Pierre Mervelle

Statement covers period
 from 9-1-2012
 through 9-30-2012

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ID NUMBER
1338204

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 C&P campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings

MBR member communications
 MTG meetings and appearances
 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 l.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

CODE OR

DESCRIPTION OF PAYMENT

AMOUNT PAID

L.V. Press

F.C. Bethu Department

American Embroidery

Postmaster

LAWAR

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>L.V. Press</i>			<i>190.00</i>
<i>F.C. Bethu Department</i>			<i>300.00</i>
<i>American Embroidery</i>			<i>52.00</i>
<i>Postmaster</i>			57.00 <i>45.00</i>
<i>LAWAR</i>			<i>4350.00</i>

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

SUBTOTAL \$ *4937.00*

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

Statement covers period
 from 7-1-2012
 through 9-30-2012

Page 16 of 21

NAME OF FILER: John Pierre Menelle I.D. NUMBER: 1338204

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

CMP	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	TSE	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
Alex Perrone Asset Management				500.00
I.Y. Press				12,000.00
I.C. Election Dept				200.00
American Embroidery				17.24
Postmaster				45.00

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

SUBTOTAL \$ 12,762.24

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

John Rene Menvelle

Statement covers period
 from *7-1-2012*
 through *9-30-2012*

Page *12* of *21*

CALIFORNIA
FORM
460

I.D. NUMBER
1938224

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 OMP campaign paraphernalia/misc.
 ONS campaign consultants
 CTB contribution (explain nonmonetary)*
 CIVC 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
 MTC 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 i.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER TO NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>EA SOL de Yale</i>				<i>1,080.00</i>
<i>Holthulle Tribune</i>				<i>1,620.00</i>
<i>Willie Gavillo</i>				<i>100.00</i>
<i>Postmaster</i>				<i>90.00</i>
<i>John Rene Menvelle</i>				<i>350.00</i>

SUBTOTAL \$ *3240.00*

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

Schedule E
(Continuation Sheet)
Payments Made

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

SCHEDULE E (CONT)
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

John Rene Mouvelle

Statement covers period
 from *7-1-2012*
 through *9-30-2012*

Page *18* of *21*

ID NUMBER
1338204

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 OMP campaign paraphernalia/misc.
 ONS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings

MBR member communications
 MTG meetings and appearances
 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 l.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Lupe Rodriguez</i>				<i>100.00</i>
<i>Sports International</i>				<i>142.89</i>
<i>Bellevue Public Relations</i>				<i>2000.00</i>
<i>I.V. Press</i>				<i>500.00</i>
<i>Sherwin-Williams</i>				<i>142.07</i>
SUBTOTAL \$ <i>2884.96</i>				

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

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

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

SCHEDULE E (CONT.)
**CALIFORNIA
FORM 460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER John Pierre Menville

Statement covers period
from 7-1-2012
through 9-30-2012

Page 19 of 21

ID NUMBER
1338204

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KXO RADIO				3500.00
SPECTRUM ADV.				1800.00
John Pierre Menville				500.00
Professional Backgating Adv.				646.50
Dispersal Printers				3690.45
SUBTOTAL \$				10136.95

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

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

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

SCHEDULE E (CONT)
**CALIFORNIA
FORM
460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Pierre Mervelle

Statement covers period
from 7-1-2012
through 9-30-2012

Page 20 of 21

I.D. NUMBER
1338204

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 OMP campaign paraphernalia/misc.
 ONS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings

MBR member communications
 MTC 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)
 PRI print ads

RAD radio airtime and production costs
 RPD returned contributions
 SAL campaign workers' salaries
 TEL l.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Holtville Tribune				1487.50
MARTNA				100.00
Valley Solutions Group				250.00
Desert Review				750.00
SUBTOTAL \$ 2587.50				

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

**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

Statement covers period
from 7-1-2012
through 9-30-2012

Page 21 of 21

ID. NUMBER
1338204

NAME OF FILER
John Pierre Menvielle

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SUBTOTAL \$				

* 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.) \$ 42,022.88
- Unitemized payments made this period of under \$100 \$ 0
- 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 \$** 42,022.88

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7-1-2012
through 9-30-2012

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

Date Stamp FILED REGISTRAR OF VOTING	DEC 18 2012
RECEIVED BY:	
CALIFORNIA 460 FORM	Page <u>1</u> of <u>2</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 Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

2. Type of Statement:

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

3. Committee Information

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

I.D. NUMBER 1338204

Treasurer(s)

Committee to Elect Tom Menzville

John Pierre Menzville

STREET ADDRESS (NO P.O. BOX)
517 West Ross Road
CITY Merced STATE CA ZIP CODE 92243 AREA CODE/PHONE 460-353-1801
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

NAME OF TREASURER
MAILING ADDRESS
CITY Merced STATE CA ZIP CODE 92243 AREA CODE/PHONE 460-353-1801
NAME OF ASSISTANT TREASURER (IF ANY)
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS
FAX 460-353-1665

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 12-3-2012 Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 12-3-2012 Date

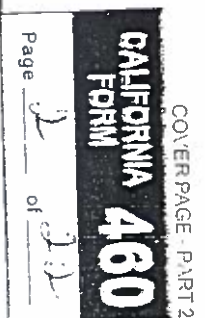
By [Signature]
Signature of Controlling Officer, Candidate, State Measure Proponent, or Responsible Officer of Sponsor

Executed on _____ Date

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

Recipient Committee
 Campaign Statement
 Cover Page — Part 2

Type or print in ink.



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
John Pierre Menville
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
ITD Director Division 2
 RESIDENTIAL BUSINESS ADDRESS (NO AFD STREET) CITY STATE ZIP
SEF LUST-ROSS ROAD El Cerrito CA 92243

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	ID 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	ID 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

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 John Pierre Henville

Statement covers period from <u>7-1-2012</u> through <u>1-30-2013</u>	CALIFORNIA FORM 460
Page <u>23</u> of <u>202</u>	ID. NUMBER <u>1338204</u>

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 42,035.00	\$ 43,752.95
2. Loans Received	Schedule B, Line 3 \$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 42,035.00	\$ 43,752.95
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 42,035.00	\$ 43,752.95

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 42,022.88	\$ 46,178.58
7. Loans Made	Schedule H, Line 3 \$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 42,022.88	\$ 46,178.58
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 \$ 42,022.88	\$ 46,178.58

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 27,662.29	
13. Cash Receipts	Column A, Line 3 above \$ 42,035.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0	
15. Cash Payments	Column A, Line 8 above \$ 42,022.88	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 43,674.41	

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

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

19. Outstanding Debts

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	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* (# Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
_____	_____	\$ _____
_____	_____	\$ _____

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

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

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

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

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period
from 7-1-2012
through 7-30-2012

Page 4 of 22

NAME OF FILER
John Pierre Menville

ID NUMBER
1338264

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
7-11-2012	Millennial Projects 43-155 Highway 111 Suite D Palmdale, CA 92366	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	16,000.00	
7-11-2012	IVSE-2 43-155 Highway 111 Suite D Palmdale, CA 92366	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00		
7-11-2012	Millard L. Davis 73-185 Highway 111 Suite Palmdale, CA 92366	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00		
7-28-2012	AISS Square Tower, LLC 4301 North Ventura Dr Suite Hollywood, CA 92303 via 300	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00		
8-3-2012	Greenleaf Values LLC 2000 East Palmdale Suite 400 Palmdale, CA 92351	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1,600.00	
SUBTOTAL \$				20,500.00		

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

Schedule A (Continuation Sheet)
 Monetary Contributions Received

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

SCHEDULE A (CONT)

Statement covers period
 from 7-1-2012
 through 9-30-2012

CALIFORNIA FORM 460

Page 5 of 21

NAME OF FILER: John Pierre Menivelle ID NUMBER: 1238204

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-3-2012	ELIOT SCOTT DEVELOPMENT INC 825 MARKET STREET 15TH FLOOR SAN FRANCISCO, CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,600.00	6,000.00	
8-11-2012	FRANKIE M. 703 MICHIGAN NORTH 520 MESSERLE STREET BURBANK, CA 92221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FRISHER'S	1,000.00	1,250.00	
8-13-2012	ELIEN MAYER 42400 RIDGE PARK DR MILPITAS, CA 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED	5,000.00		
8-13-2012	LEONID S. FANUI 25112 ESCALLO ROAD SAN JUAN, CA 95022	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00	3,500.00	
8-15-2012	WILLIAM THOMAS 1000 BROADWAY ALBANY, CA 92213	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent	1,000.00		
SUBTOTAL \$				9,100.00		

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

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

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

Statement covers period
from 1-1-2012
through 1-30-2012

Page 6 of 22

SCHEDULE A (CONT)
CALIFORNIA FORM 460

NAME OF FILER

John Irene Minvielle

ID NUMBER
1338204

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 1 TO DATE (IF REQUIRED)
8-15-2012	John Guizee Family 1315 Bundy Lane Redd Holtville, CA 92256	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	750.00	
8-15-2012	HELEFICHAUD INTERNATIONAL DEVELOPMENT INC 150 NORTH 3RD WITH HWY 101 SUITE 300 MILPITAS, CA 95035	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,000.00	
8-17-2012	Green Light Energy Corp 415 S. Orange St. Torrey Pines Santa Barbara, CA 93110	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00		
8-20-2012	INTEGRIC LAND DEVELOPMENT CO 4101 Rindes Ave. Shubio City, CA 91064	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00		
8-22-2012	William L. Prandt 277 West Main Street W. Sycamore, CA 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cathedral Laboratory	1,000.00	1,000.00	
SUBTOTAL \$				12,500.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
 from 7-1-2012
 through 9-30-2012

CALIFORNIA FORM 460

SCHEDULE A (CONT.)

Page 7 of 22
 ID NUMBER 1338304

NAME OF FILER	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
John Pierre Menivelle	8-24-2012	Smart-Lynardal Kent Estate 510 West Main Street Thousand Oaks, CA 92222	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1000.00	
	9-1-2012	Ben Hira Kik, Jr 1548 East Zeros Rd Hollister CA 92028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finance Landowner	200.00		
	9-4-2012	Law's McDonald-Kamin Shik 221 Vista Grande Blvd Escondido, CA 92025-7021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Affairs Director DRE office	750.00		
	9-4-2012	L T Ruiz Scholt 14248 Bluefields Way San Diego CA 92124-1336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Corporate Strategist Advisor	250.00		
	9-4-2012	Kay Buckman Bishop 5733 Drew Road Chico CA 92231	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landowner	500.00		
SUBTOTAL \$					1700.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
 from 1-1-2012
 through 1-30-2012

CALIFORNIA FORM 460

SCHEDULE A (CONT)

Page 8 of 27
 ID NUMBER 1338264

DATE RECEIVED	NAME OF FILER 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 TOTAL (IF REQUIRED)
9-4-2012	ELI and PATTY WENZEL 1255 Melinda Road Herkville, CA 92228-9975	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTI <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landowner	\$60.00		
9-5-2012	Brandon Polymers, Inc. 1665 Fenwick Road San Diego, CA 92121	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTI <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00		
9-7-2012	T I L Capital, Inc. 1407 Santa Catalina Rd Oceanside, CA 92228	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTI <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00		
9-7-2012	George Bishop 204 Morse Street Oceanside, CA 92054	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTI <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landowner	500.00		
9-7-2012	Andy Huff General Engineering 645 Palm Ave Herkville, CA 92228	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTI <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	500.00	
SUBTOTAL \$				4,250.00		

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 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
 from 7-1-2012
 through 7-30-2012

Page 9 of 11



NAME OF FILER John Pierre Henneville

ID NUMBER 1238204

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION! TO DATE (IF REQUIRED)
7-1-2012	SEMPRO ENERGY 101 Axl Street San Diego, CA 92161-3517	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTI <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,500.00	
7-12-2012	Stanley Paul Frazier Mithunika 1575 South La Habra Ave. R.D. La Habra, CA 92243-7678	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTI <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landscaper	100.00	200.00	
7-12-2012	Reuben Paul Uyo Lopez 2499 Vine Street La Habra, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTI <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Educator	200.00	400.00	
7-12-2012	Smith-Kendal Real Estate 510 West Main Street La Habra, CA 92222	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTI <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker	500.00	1,500.00	
7-13-2012	Harold and Deloresa Lohle 2290 Olive Ave. La Habra, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTI <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Community Bank	100.00	200.00	
SUBTOTAL \$				<u>1,900.00</u>		

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 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
 from 7-1-2012
 through 7-30-2012

Page 10 of 22

1238204

NAME OF FILER

John Pierre Menzelle

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 TOTAL (IF REQUIRED)
9-13-2012	Heede Farms 246 East Deakwood Rd B. Grove CA. 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
9-14-2012	William Rod Wenzel Partners 1701 Michaels Rd B. Grove CA. 92243-9837	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landowner	100.00		
9-15-2012	Larry M. Mathew 556 Sandstone Dr. La Brea CA. 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Businessman Teller	250.00	500.00	
9-15-2012	Simpson Energy 101 Hill Street San Diego CA. 92161-3017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500.00	5000.00	
9-17-2012	Kelley Farms 515 Farnell Rd La Brea CA. 92231	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00	3000.00	
SUBTOTAL \$				3450.00		

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 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
 from 7-1-2012
 through 9-30-2012

Page 11 of 22

ID NUMBER
1338204

CALIFORNIA FORM 460

SCHEDULE A (CONT.)

NAME OF FILER	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
John Pierre Minville	9-17-2012	LATHERER'S LOCAL 1184 1128 East La Cadena Dr. Riverside CA 92507	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTI <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1000.00	
	9-22-2012	W.C. and Judy DeFlock 1544 West Main Street Gardena CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTI <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Business	250.00		
	9-22-2012	DIFLOCK and ASSOCIATES 1818 West Main Street Gardena CA 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTI <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
	9-22-2012	Donal D. BATHIA CABRAL 9740 Redden Rd #146 Irvine CA 92618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTI <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawrence	500.00	1000.00	
	9-22-2012	Repertoire Services, Inc 15500 Alvarado Blvd Phoenix AZ 85054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTI <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00		
SUBTOTAL \$					2500.00		

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 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
 from 1-1-2012
 through 1-30-2013

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NAME OF FILER
John Pierre Menville

ID NUMBER
1238204

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
1-26-2013	PAUL WILCOXON/KAREN DEANER 25640 VINE STREET CARMEL CA 93823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed	1000.00		
1-26-2013	WILLIAM A. PITTILLARD 11711 WILSON ST. #5001 MILPITAS CA 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed	1000.00		
1-26-2013	MRS J. CHIRICO/NATALIE CHIRICO 750 NORTH IMPERIAL AVE MILPITAS CA 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contributor business	750.00	1250.00	
1-26-2013	ELAINE S. POWERS/MICHEL SCHMIDT 1915 EAST HAVEN RD MILPITAS CA 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired teacher business	200.00		
1-26-2013	ELISE C. CLARKE 1387 EAST DIXIE RD MILPITAS CA 95035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landowner	250.00		
SUBTOTAL \$				3200.00		

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 SCC - Small Contributor Committee

Schedule A
Monetary Contributions Received

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

Statement covers period
from 7-1-2012
through 7-30-2012

Page 13 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER John Pierre Menerville

CALIFORNIA
FORM
460
SCHEDULE A

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERELECTION TODATE (IF REQUIRED)
1-28-2012	CILCO Remington 1000 Rodas Drive #519 Darien CT 06251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired owner of the house	200.00	299.00	
1-24-2012	Clifford E Caldwell 715 Desert Arbor Drive E. Detroit MI 48224	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Builder Caldwell Firm	350.00	649.00	
1-24-2012	More Livestock Company 783 Ridge Drive Piquette, CA 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	849.00	
1-24-2012	John and Cathy Kemmerer 1601 Fernway Alhambra CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA Kempson CPA	160.00	1009.00	
				3	3	
SUBTOTAL \$				850.00		

Schedule A Summary

- Amount received this period - (Itemized monetary contributions:
(Include all Schedule A subtotals) \$ 66,450.00
- Amount received this period - (unitemized monetary contributions of less than \$100) \$ 15,855.00
- Total monetary contributions received this period:
(Add lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 82,305.00

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

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

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

Statement covers period
from 7-1-2012
through 9-30-2012

Page 14 of 22

1D NUMBER
1538204

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
PAGE OF FILER

John Pierre Menville

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

- CKP campaign paraphernalia/misc.
- CIS campaign consultants
- CIB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL 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 ENTERED NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ALL SAINTS INTERNATIONAL 218 HOFFMAN AVE CALIFORNIA, CA 92231	CMP		Menville T-shirts	142.81
United Phlebotomy Office 1548 West Main Street El Cerrito CA 92243	RES		160 stamps	45.66
John F. Menville Fund 2047 Willow Drive El Cerrito, CA 92243	PMR		Campaign signs	3,179.00
St. Peter's Ready Mix Concrete 1568 West Mission Rd Escalante, UT, CA 92029	CMP		sign stakes	172.40
IVEND - Irvine Valley Economic Dev Corp 1566 North Dyerdale Ave El Cerrito CA 92243	PRT		Advertising IVERC book	400.00

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

SUBTOTAL \$ 3,738.27

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

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

Statement covers period
from 7-1-2012
through 7-30-2012

Page 15 of 21

IC NUMBER
1338204

CALIFORNIA 460 FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
John Pierre Menville

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Imperial Valley Press 205 North 8th Street Eureka CA 92243	PRT		Advertising	115.00
John Pierre Menville 47 Pickett Pass Rd Eureka CA 92243	AMB CMP CNS		campaign misc campaign materials letters	500.00
Imperial Trustees 435 Main Street Eureka CA 92243	CMP		campaign materials	613.94
United Paper Products 1518 West Main Street Eureka CA 92243	PDS		100 stamps	46.80
ALLEGRIA 1101 E.N. Perry Ave. Eureka CA 92231	CTB		John Pierre Menville Letters	460.00
SUBTOTAL \$				1574.74

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

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

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

Statement covers period
from 7-1-2017
through 7-30-2017

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**CALIFORNIA 460
FORM**

ID NUMBER
13382104

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Pierre Menvielle

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

CAP	campaign paraphernalia/misc	MER	member communications	RAD	radio airtime and production costs
CIS	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
Fill	candidate filing/balot fees	PIB	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	AMO. NOT PAID
Durham Valley Bell 405 North 5th Street El Centro, CA 92243	PRF		Advertising	196.00
Imperial County District 12/13 4th Main Street El Centro, CA 92243	FILE		Candidate Statement	700.00
American Club/Barbery 111 North 5th Street El Centro, CA 92243	CAMP		Campaign Logo Prints	52.00
United Health Care Office 1575 Washington Street El Centro, CA 92243	POS		ICO Checks	45.00
CHUMBLE 1211 East 21 Street El Centro, CA 92243	PRF		Bill Boards Advertising	435.00
SUBTOTAL \$4917.00				

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

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

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

SCHEDULE E (CONT)

Statement covers period
from 7-1-2012
through 9-30-2012

**CALIFORNIA 460
FORM**

Page 14 of 22

1.D NUMBER

1338204

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Pierre Menivelle

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

- GMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- 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
A.P. ASSET MANAGEMENT 511 WEBER AVE. CALIFORNIA CT. 922231	RAD		Bulldog Radio Advertising	\$60.00
DIVERSIFIED PRESS 205 NORTH 8TH STREET EL CAHON CA 92243	PRT		Advertising	12500.00
San Diego County Election Department 740 Main Street EL CAHON CA 92243	CMP	FILE	MISC. Vote registration file	2800.00
American Embassy 119 North 5th Street EL CAHON CA 92243	CMP		Logos - shirts	17.24
United Truckers Local Office 1576 East Wilson Street El Cerrito CA 92243	PIS		Logo - (shirts)	45.00

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

SUBTOTAL \$ 12762.24

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
 from 7-1-2012
 through 9-30-2012

CALIFORNIA
FORM
460

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE
 NAME OF PAYER

John Pierre Menville

ID NUMBER
1338204

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

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

NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>EL Sol del Valle</u> <u>280 Campbell Ave. Suite #10</u> <u>Colton CA 92231</u>	<u>PRT</u>		<u>Advertising</u>	<u>1,080.00</u>
<u>Holtville Tribune</u> <u>570 Hout Avenue</u> <u>Holtville CA 92230</u>	<u>PRT</u>		<u>Advertising</u>	<u>1620.00</u>
<u>Willie Corvillo</u> <u>1101 E.N. Perry Ave</u> <u>Colton CA 92231</u>	<u>CTB</u>		<u>Colton Community Center</u> <u>Senior Citizens - lunch</u>	<u>185.00</u>
<u>Link B Koda Post Office</u> <u>1541 West Main Street</u> <u>El Cerrito CA 92243</u>	<u>PDS</u>		<u>200 - stamps</u>	<u>46.00</u>
<u>John Pierre Menville</u> <u>899 West Ross Rd</u> <u>El Cerrito CA 92243</u>	<u>SAL</u>		<u>Bar Hangers - Washers</u> <u>Washers Door hangers</u>	<u>350.00</u>

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

SUBTOTAL \$ 3,240.00

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

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

SCHEDULE E (CONT.)

Statement covers period
from 7-1-2012
through 7-30-2012

**CALIFORNIA 460
FORM**

Page 19 of 22

ID NUMBER
1008204

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Pierre Menwelle

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE AS SO ENTERED NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>LUCIE RODRIGUEZ 511 Helber Ave Alhambra CA 918231</u>	<u>CM*</u>		<u>Candidate Photo shoot</u>	<u>160.00</u>
<u>All States International 215 Helber Ave Alhambra CA 918231</u>	<u>CM*</u>		<u>Menwelle T-shirts</u>	<u>142.81</u>
<u>Katherine Noble Keletani, Director 1830 West-Milam Street Alhambra CA 918231</u>	<u>CNS</u>		<u>Care Payer Consultant</u>	<u>760.00</u>
<u>Mountain Valley Press 485 N. Main St El Centro CA 92224</u>	<u>WEB</u>		<u>Internet advertising online</u>	<u>500.00</u>
<u>Sheldon - Williams 2413 W. Main St DuPont, CA 92231</u>	<u>CM*</u>		<u>Signs - Ball Paper Posters 2x7-</u>	<u>142.00</u>

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

SUBTOTAL \$ 2,884.81

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

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

Statement covers period
from 1-1-2012
through 1-31-2012

Page 10 of 22
**CALIFORNIA 460
FORM**

SCHEDULE E (CONT)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Pierre Menville

ID NUMBER
13552204

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

- CMR campaign paraphernalia/misc.
- CMS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL 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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>6225 Coast Main Street El Centro CA 92224</u>	<u>MBR</u>		<u>radio advertising</u>	<u>136.00</u>
<u>1700 Main Street El Centro CA 92224</u>	<u>MBR</u>		<u>internet web site</u>	<u>136.00</u>
<u>John Pierre Menville 3121 West Main Road El Centro CA 92224</u>	<u>CMR</u>	<u>SAL</u>	<u>Campaign Paraphernalia workers - door hangers</u>	<u>96.00</u>
<u>1700 Main Street El Centro CA 92224</u>	<u>CMR</u>		<u>Menville Demos at 7 English/Spanish</u>	<u>646.00</u>
<u>Universal Printers 410 Main Street El Centro CA 92224</u>	<u>CMR</u>		<u>Campaign paraphernalia</u>	<u>3611.45</u>
SUBTOTAL \$				1013.05

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

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

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

Statement covers period
from 7-1-2012
through 9-30-2012

Page 11 of 22

REGISTRATION NUMBER
1328204

CALIFORNIA 460 FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Reine Mervielle

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- 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 I.V. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSE transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hellville Fillmore 470 West Avenue Hellville SA 57225	PRT	Advertising	1487.50
MAMA de Duvine Valley 1740 Ross Avenue El Estero CA 92229	PRT	Advertising	1100.00
Deliaie Parbelle 1717 Garnett Street Waverly CA 92227	CMP	Campaign Paraphernalia	250.00
The Pestel Revival 439 West K Street Waverly CA 92227	WEB	Internet Advertising	750.00
	?	?	?

SUBTOTAL \$ 2587.50

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

**Schedule E
Payments Made**

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

Statement covers period
from 1-1-2012
through 1-31-2012

Page 42 of 22

California FORM **460**

ID NUMBER 1338204

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Pierre Menville

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- HL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PIO 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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>[Handwritten Name]</u>	<u>[Handwritten Code]</u>		<u>[Handwritten Description]</u>	<u>[Handwritten Amount]</u>

* 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) \$ 42,822.88
- Unitemized payments made this period of under \$100 \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 42,822.88

**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 10-1-2010
through 10-30-2010

Date of election if applicable:
(Month, Day, Year)
11-6-2010

Date Stamp FEB 23 2012	RECEIVED BY: DEC 26 2012	Page <u>1</u> of <u>1</u>
RECEIVED BY:		For Official Use Only
CALIFORNIA 460 FORM		

- 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) _____ I.D. NUMBER 1335204

Treasurer(s) _____

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) _____
 STREET ADDRESS (NO P.O. BOX) Cambella to West Hill Road
 CITY West Hill STATE CA ZIP CODE 92293 AREA CODE/PHONE 760-353-1801
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX _____

NAME OF TREASURER _____
 MAILING ADDRESS _____
 CITY West Hill STATE CA ZIP CODE 92293 AREA CODE/PHONE _____
 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 FAX 760-353-9065

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 12-20-2010 Date _____
 Executed on 12-20-2010 Date _____
 Executed on _____ Date _____
 Executed on _____ Date _____

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

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

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
John Anne McNeill

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CEO, Director, Division 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
11111 1st St, N. 17th Ave, CA 92243

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	ID NUMBER	CONTROLLED COMMITTEE?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
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	ID NUMBER	
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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

Statement covers period from 10-1-2019 through 10-20-2019

Page 3 of 15

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: John Pierre Menzelle

ID NUMBER: 1538204

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 31371.99	\$ 175130.94
2. Loans Received	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 31371.99	\$ 175130.94
4. Nonmonetary Contributions	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 31371.99	\$ 175130.94

Expenditures Made

6. Payments Made	\$ 24747.60	\$ 124825.54
7. Loans Made	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	\$ 24747.60	\$ 124825.54
9. Accrued Expenses (Unpaid Bills)	\$ 0	\$ 0
10. Nonmonetary Adjustment	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	\$ 24747.60	\$ 124825.54

Current Cash Statement

12. Beginning Cash Balance	\$ 43614.41	
13. Cash Receipts	\$ 31371.99	
14. Miscellaneous Increases to Cash	\$ 0	
15. Cash Payments	\$ 24747.60	
16. ENDING CASH BALANCE	\$ 56339.80	

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	\$ 0
18. Cash Equivalents	\$ 0
19. Outstanding Debts	\$ 0

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

20. Contributions Received	\$ 31371.99	7/1 to Date
21. Expenditures Made	\$ 24747.60	7/1 to Date

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit)	\$ 0	Total to Date
---	------	---------------

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
 from 11-1-2019
 through 10-31-2019

SCHEDULE A (CONT)
CALIFORNIA 460
 FORM

NAME OF FILER: John Pierre Miniville

ID NUMBER: 1338204

Page 4 of 15

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTERED, NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
10-3-2019	Miniville, John Pierre 632 North Street Petaluma, CA 94951	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self employed Miniville	100.00		
10-3-2019	Kulhinde, Ashleigh 5551 Fielder Highway Lathrop, WA 98642-3131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical adviser	125.00	224.00	
10-3-2019	Mullin, Steve 7617 Herb Drive Lathrop, WA 98642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landscaper	125.00	224.00	
10-3-2019	SAUNDERS 1215 Lehigh Hwy #8 Lathrop, WA 98642	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		450.00	350.00	
10-3-2019	REYNOLDS, Steven 1545 East Hwy #15 Lathrop, WA 98642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self employed Carpenter	500.00	600.00	
SUBTOTAL \$				1100.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
 from 10-1-2019
 through 11-30-2019

Page 5 of 15

CALIFORNIA FORM 460

NAME OF FILER: John Payne Menzies ID NUMBER: 1338204

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)
10-5-2019	Talk B. Hart #1 4125 B. Hart Road Bakersfield, CA 93307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Baker	200.00	400.00	
10-5-2019	Richard S. Andrews 1370 Vista Verde Drive Bakersfield, CA 93307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Baker	100.00		
10-5-2019	TICCO Management LLC 3121 N. Kish Ave. Bakersfield, CA 93307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
10-5-2019	Melvin Frank LLC 3701 N. Kish Ave. Bakersfield, CA 93307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
10-5-2019	Melvin Daniel Andrews 3701 N. Kish Ave. Bakersfield, CA 93307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
SUBTOTAL \$				1,700.00		

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT)
CALIFORNIA 460
FORM

NAME OF FILER: Solomon Heine Muenzelle
ID NUMBER: 123456789

Statement covers period
from 12-1-2012
through 12-31-2012

Page 0 of 15

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTERED, NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
12-5-2012	David and Linda Beagle 1510 Woodmont Way Van Nuys, CA 91411	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawstoker's	500.00	500.00	
12-5-2012	Kathleen Campbell (Corporate) 12345 Main Street Hollywood, CA 91220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	
12-6-2012	James T. Warner 1234 Main Street Hollywood, CA 91221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	geophysical Energy Services	491.00	198.00	
12-6-2012	Cheryl Warner 2233 Main Street Hollywood, CA 91221	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	geophysical fields	79.00	198.00	
12-6-2012	Frank and Lynne Gustafson 1234 Hollywood Ave Los Angeles, CA 90015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	geophysical field Energy Services	200.00	200.00	
SUBTOTAL \$				2,518.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT)
CALIFORNIA 460
FORM

Statement covers period
 from 12-1-2012
 through 10-21-2012

Page 7 of 15

ID NUMBER
123456789

DATE RECEIVED	NAME OF FILER	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10-8-2012	John Pierre Novelle	Lynette Campbell/Velie Ramirez 4441 West Main Street El Cerrito CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Field Energy Services Village Viewway	300.00	500.00	
10-8-2012		Charles Ramirez, LLC 12050 El Comino Road San Diego CA 92130	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	6,000.00	
10-9-2012		L. L. Ramirez - EMPLOYER INC. P. VICTORIOS COMPANY ALISEO VILERO CA. 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		
10-11-2012		McMullen and Valerie S Labadie 525 D Audubon Road Alhambra CA 91803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landscapers	250.00	500.00	
10-11-2012		Kathleen and Alicia Jean 4855 County Road HD Troy, CA. 95022-7413	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Frankie Colorado Sara Dros Ramirez Colorado	200.00		
SUBTOTAL					\$7,500.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
 from 10-31-2012
 through 10-31-2012

SCHEDULE A (CONT)
CALIFORNIA
FORM
460

Page 8 of 15
 ID NUMBER
1238204

DATE RECEIVED	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10-11-2012	John & Irene Menzville 24832 Clara Place Kamona CA 92265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	500.00		
10-11-2012	WEST BROADWAY 2201 West Garden Ave Escondido CA 92229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker	99.00	198.00	
10-11-2012	Charles and Pats Heston 1776 Chabers Lane Hawthorne CA 92250-9530	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Data business Sun Life Secre	750.00	1400.00	
10-11-2012	John P and Clara S Smith 602 Nevada Blvd Escondido CA 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Politicians	100.00		
10-11-2012	Michael J and Sandra Estaney 433 West 14th Street Escondido CA 92227-5569	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Imperial Stores	160.00	360.00	
SUBTOTAL \$				1549.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

NAME OF FILER: John Pierre Heaville
 Statement covers period from 11-1-2010 through 12-31-2012
 Page 2 of 12
 ID NUMBER: 1338204

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER ID NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
12-11-2010	John Pierre Heaville LLC 43115 Highway 111 South D Valencia Desert CA 92280	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	
12-11-2010	Butterfield Projects 43115 Highway 111 South D Valencia Desert CA, 92280	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	10,000.00	
12-11-2010	Calhoun Ethel Flava LLC 4231 Highway 111 South D Valencia, CA 92224	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	2,000.00	
12-11-2010	Jeff E. The Men 41115 Highway 111 Valencia, CA 92224	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Business	1,000.00	2,000.00	
12-12-2010	Multiple Technology Research LLC 268 Bush Street San Francisco CA 94104	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		
SUBTOTAL \$				12,000.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from 10-1-2012
through 10-31-2012

Page 10 of 15

ID NUMBER
1355204

NAME OF FILER	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
John Pierre Olivelle		16-15-2012	IND COM OTH PTY SCC		100.00	200.00	
		16-15-2012	IND COM OTH PTY SCC		600.00		
		16-15-2012	IND COM OTH PTY SCC		250.00		
		16-15-2012	IND COM OTH PTY SCC		100.00	900.00	
SUBTOTAL \$					350.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT)
CALIFORNIA 460
FORM

NAME OF FILER

John Marie Menzelle

Statement covers period
 from 10-1-2012
 through 10-31-2012

Page 11 of 25

ID NUMBER
 15352047

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10-1-2012	Primus and Lavelle's Hardware 2241 Desert Garden Drive El Cerrito CA 92223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landscaper	1000.00	2000.00	
10-1-2012	Will Jones Enterprises 2012 Santa Rosa Avenue El Cerrito CA 92223	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landscaper	1000.00	1978.00	
10-2-2012	Grande Construction Company 15000 Marne Street Lodi CA 92223	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self employed Painter	100000.00	90000.00	
\$	\$	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	
SUBTOTAL \$				2199.00		

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

Schedule A Monetary Contributions Received

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

SCHEDULE A
**CALIFORNIA 460
FORM**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10-1-2012
through 10-26-2012

Page 12 of 15

NAME OF FILER: John Pierre Maxwell

I.D. NUMBER
1935204

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<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				
SUBTOTAL \$				29,746.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 29,746.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 1631.79
- Total monetary contributions received this period
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 31,377.79

*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 E
(Continuation Sheet)
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Henry Mannville

Statement covers period
from 10-1-2012
through 12-31-2012

Page 13 of 22

ID NUMBER
1878204

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Shirley Valley News 205 North Hill Street Clematis, CA 92229	PRC		Advertising	900.00
Shirley Valley Food Bank 101 North Hill Street Clematis, CA 92229	CVC		civic donation	200.00
Angel Espinoza Advertisers 1011 East 2nd Street, 13 Clematis, CA 92229	WEB		Internet Advertising	2,774.00
John Henry Mannville 579 East Hill Road Clematis, CA 92229	SAL		Campaign books and signs	700.00
Shirley Valley News 205 North Hill Street Clematis, CA 92229	PRT		Advertising	1,920.00

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

SUBTOTAL \$ 3,694.00

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period
 from 10-1-2012
 through 10-20-2012
 Page 14 of 15
 ID NUMBER 1038204

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

John Pierre Mervelle

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

- OMP campaign paraphernalia/misc.
- ONS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- 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 I.V. or cable airtime and production costs
- TTC candidate travel, lodging and meals
- TRS staff/spouse travel, lodging, and meals
- TSE transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>John Pierre Mervelle, Inc</u> <u>1500 West Main Street</u> <u>Alhambra CA 91224</u>	<u>CLS</u>		<u>Campaign related</u>	<u>4600.00</u>
<u>ELLYNNE</u> <u>1515 West Main Street</u> <u>San Diego, CA 92127</u>	<u>EMI</u>		<u>Emergency preparations</u>	<u>2200.00</u>
<u>5100 Alhambra</u> <u>1515 West Main Street</u> <u>Alhambra CA 92224</u>	<u>TEL</u>		<u>TV and cable airtime</u>	<u>9500.00</u>
<u>KAROL ADPAC</u> <u>1515 West Main Street</u> <u>Alhambra CA 92227</u>	<u>RAD</u>		<u>Radio airtime</u>	<u>2500.00</u>
<u>John Pierre Mervelle</u> <u>1515 West Main St</u> <u>Alhambra CA 92224</u>	<u>TEL</u>		<u>TV and cable airtime</u>	<u>2000.00</u>

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

SUBTOTAL \$ 17,000.00

**Schedule E
Payments Made**

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

Statement covers period
from 10-1-2012
through 6-20-2012

**CALIFORNIA
FORM 460**

SCHEDULE E

Page 15 of 15

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Feroz Menzelle

ID NUMBER
1335204

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>San Gabriel Valley Hills</u> <u>205 WALKER BLVD</u> <u>ALHAMBRA, CA 91703</u>				
	PRT		Advertising	2108.00
SUBTOTAL \$				2108.00

* 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.) \$ 24,747.00
2. Unitemized payments made this period of under \$100 \$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 24,747.00

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>10-31-2012</u> through <u>12-31-2012</u>	Date of election if applicable: (Month, Day, Year) <u>11-6-2012</u>	Date Stamp FILED NOV 20 2012 DEC 31 2012	CALIFORNIA 460 FORM Page <u>1</u> of <u>18</u> For Official Use Only
REASONS FOR VOTERS		REASONS	

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officialholder, 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/Officialholder Committee *(Also Complete Part 7)*

3. Committee Information I.D. NUMBER 1338204

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

Anna Marie Leibel for Newcastle

STREET ADDRESS (NO P.O. BOX) 817 West Kiss Road
 CITY Newcastle, CA STATE CA ZIP CODE 92243 AREA CODE/PHONE 760-353-1864
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

Treasurer(s)

NAME OF TREASURER John Reire Newcastle

MAILING ADDRESS 817 West Kiss Road
 CITY Newcastle, CA STATE CA ZIP CODE 92243 AREA CODE/PHONE 760-353-1864
 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 FAX 760-353-1865

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 12-31-2012 Date

Executed on 12-31-2012 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

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
John Henry Menville

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
T.D. Pfeiffer Division 2

RESIDENT/A/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
511 West Ave Road El Centro, CA 92527

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

John Ferne Menville

Statement covers period
from 12-31-2012
through 12-31-2012

CALIFORNIA
FORM 460

Page 3 of 15

I.D. NUMBER
1338204

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 29,573.46	\$ 204,704.40
2. Loans Received	Schedule B, Line 3 \$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 29,573.46	\$ 204,704.40
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 29,573.46	\$ 204,704.40

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 198,788.86	\$ 204,704.40
7. Loans Made	Schedule H, Line 3 \$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 198,788.86	\$ 204,704.40
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 \$ 198,788.86	\$ 204,704.40

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 50,365.46
13. Cash Receipts	Column A, Line 3 above 29,573.46
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0
15. Cash Payments	Column A, Line 8 above 198,788.86
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 \$

Cash Equivalents and Outstanding Debts

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

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

20. Contributions Received	7/1 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 A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
 from 10-31-2019
 through 12-31-2019

Page 4 of 15

CALIFORNIA FORM 460

NAME OF FILER: John Pierre Menville

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)
10-22-2019	Alvin and Sandra Property Holdings LLC 217 West 6 Street Bakersfield, CA 93307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landscapers	200.00		
10-22-2019	Landmark Construction, Inc The North 4th Street Bakersfield, CA 93307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
10-22-2019	Westfield Industries Limited 10000 Westfield Blvd Bakersfield, CA 93307	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		
10-25-2019	San Manuel District 8000 California Ave Lemoore, CA 93242-2113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landscaper Bakersfield	200.00	400.00	
10-26-2019	Edward Family Trust - Tom Abbey Edward Abbey 850 North 8th Street Bakersfield, CA 93307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Sales Bakersfield	1,000.00		
SUBTOTAL \$				1,450.00		

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

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

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

SCHEDULE A (CONT)
CALIFORNIA 460 FORM

NAME OF FILER

John Peter Merrill

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

Page 5 of 18

ID NUMBER
1338204

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 (IF REQUIRED)
10-26-2012	<i>J.P. Merrill 2517-A San Ellis Ave San Diego, CA 92107</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Spirit of Adventure Enterprise</i>	<i>100.00</i>		
10-27-2012	<i>Adrienne K. Proctor, J.D. 1306 Newberry Road New Haven, CT 06600-2135</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>250.00</i>	<i>2,250.00</i>	
10-29-2012	<i>KEE HUNN SUBUDTNO 2530 Leavenworth Avenue San Diego, CA 92229</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>100.00</i>		
10-30-2012	<i>Tom LUTARSON, DVM 1171 Oakes Street Escondido, CA 92029</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>100.00</i>		
10-30-2012	<i>John James A. Felton 10000 1st St San Diego, CA 92233-7777</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>San Diego</i>	<i>100.00</i>	<i>2,150.00</i>	
SUBTOTAL \$				<i>550.00</i>		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Statement covers period
 from 12-31-2012
 through 12-31-2013

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NAME OF FILER
John Rene Oliveira

I.D. NUMBER
1325224

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)
11-2-2012	Robert S. Slatten 2242 Morrison Rd Holtville CA 92228	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawrence	99.00	198.00	
11-1-2012	Sublette 1295 East Hwy 9E Coleridge, CA 92228	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	600.00	
11-2-2012	Kendall Limelights 1199 Broadway Albion CA 92223	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,500.00	
SUBTOTAL \$				1,349.00		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

NAME OF FILER

John Pierre Marinville

Statement covers period
 from 11-21-2012
 through 12-31-2013

Page 7 of 18
 I.D. NUMBER 1538204

DATE RECEIVED	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11-21-12	John Marinville 401 Coast Street Belleville CA 92226	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
11-3-2012	Proddopment District Financing 1605 State Street Belleville CA 92226	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
11-3-2012	Conradia - Dupont Valley Strategic 12877 Dupont Shore Dr. Suite 103 Kettle Village CA 92226	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
11-5-2012	John Marinville 5710 Avenue de la Costa La Jolla CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landowner	100.00		
11-5-2012	William Brian DDS 15000 Feline Ave Belleville CA 92224	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	dentist - William Brian DDS	100.00		
SUBTOTAL \$				800.00		

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 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
 Monetary Contributions Received

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

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

Page 8 of 18

ID NUMBER
1338204

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED 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)
11-5-2012	Stevinda Smith Savoy 1575 East Highway 98 Alexandria, VA 22304	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Leisure Bridalizer self-employed	500.00	1100.00	
11-5-2012	Miracle L. VAN PATTEN 6303 Becker Lane Drive Springe, TX 77374	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Solar Business AES Solar	1,000.00		
11-5-2012	Kohat F. Hennephill, Jr. 4501 Fairfax Dr. Suite 300 Arlington, VA 22202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Solar Business AES Solar	4,000.00	4,099.00	
11-6-2012	C.L. Tompkins 1000 Rogers Ave # 514 Darien, CT 06825	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Safely Africa	99.00	398.00	
11-21-2012	M.C. Eastman Dr. Strong 5761 Mesquite Street Juvoniat CA 92251	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		99.00	198.00	
SUBTOTAL				\$5698.00		

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

Schedule A (Continuation Sheet)
 Monetary Contributions Received

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

SCHEDULE A (CONT.)
CALIFORNIA
FORM
460

NAME OF FILER

John Ferre Daviville

Statement covers period
 from 11-21-2012
 through 12-31-2012

Page 9 of 18

ID NUMBER
 1358204

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11-21-2012	THOMAS E. KELLEY 1641 CALLE ESTERITA PACIFIC CA 92222	IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive office I.V.E.C.	99.00	198.00	
11-19-2012	Blue and Green Laundry Center 21111 S. West Highway 98 Merced CA 92223	IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		460.00		
11-21-2012	Robert Thomas Mills II 670 West 113th Street Eureka CA 92224	IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bankowner	99.00	198.00	
11-24-2012	LENASKA, INC 1044 North 115 Street Suite 400 Eureka CA 92224	IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00		
11-30-2012	Mike Clavere Farms 1298 Madel-Hall Road Holtville CA 92250	IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	300.00	
SUBTOTAL \$				5698.00		

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 SCC - Small Contributor Committee

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

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

SCHEDULE A (CONT.)
CALIFORNIA 460 FORM

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

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NAME OF FILER: John Pierre Minville ID NUMBER: 1338204

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED 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 (IF REQUIRED)
12-3-2012	John E. and Rhonda L. Smith 24 Westwood Lane West Hillsdale MIH. 07043	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive office Altera Energy	99.00	199.00	
12-8-2012	THE CHANDLER GROUP 11222 24th Ave Alameda CA 92254	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
12-14-2012	John S. Stibel Jr 1798 West Main Street Merced CA 92229	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker	99.00	198.00	
12-14-2012	Jesse Paul Colon S. Silva 104 West Waverly Rd Merced CA 92251	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Light-Mixer L.I.D.	99.00	198.00	
12-20-2012	Robbie Fitzmaurice 572 Waverly Ave Merced CA 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	400.00	
SUBTOTAL \$				598.00		

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Irvine Menzelle

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

CALIFORNIA
FORM
460

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ID NUMBER
1338204

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED, 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)
12-21-2012	STATION COMPANY 152 Leona Avenue El Cerrito CA 94229	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	200.00	
12-21-2012	Nels John Co Lee 4241 Leona Street El Cerrito CA 94229	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	200.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				200.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals) \$ 28,642.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 931.46
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 29,573.46

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SCC - Small Contributor Committee

Schedule E
(Continuation Sheet)
Payments Made

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

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

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SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER John Pierre Menaville

ID NUMBER
1111204

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/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL T.V. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSE transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Herrville, Illinois 776 West Avenue Herrville, CA 92250	PRT		Advertising	2700.00
United State, Post Office 1801 West Park Deerly, CA 92273	Pos		Stamps - Post cards	3200.00
Charles' Shaker Post Office 1598 West Main Street Livermore, CA 92243	Pos		Stamps	4500.00
K&K RADIO 420 West Main Street Livermore, CA 92243	RHD		Radio air time	15600.00
John Pierre Menaville 309 West Hess Rd Livermore, CA 92243	SAL		Compensation/overhead over 40 hrs / 40 hrs	75600.00

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

SUBTOTAL \$ 126,800.00

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

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Neve Minville

Statement covers period
from 12-31-2012
through 12-31-2012

Page 13 of 18

ID NUMBER
133824

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 CMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LT campaign literature and mailings
 MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads

RAD radio airtime and production costs
 RPD returned contributions
 SAL campaign workers' salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Division Valley Press 205 North 8th Street Redlands, CA 92243	PRT		Advertising	241.20
Division County Election Department 700 East Main Street Box 200 Redlands, CA 92273	VOT		Voter registration file New voters 2012	166.00
18022 98 320 West Ross Avenue Redlands, CA 92243	MTG		Radio air time	560.00
John Neve Minville 210 West Ross Rd Redlands, CA 92243	SAL		Chairman's yard sign	150.00
Healy Nancy Paper 2493 H Nancy Paper Avenue Redlands, CA 92231	PRT		2x6x12 sign	480.00

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

SUBTOTAL \$ 1,637.20

Schedule E
(Continuation Sheet)
Payments Made

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

John Pierre Miniville

Statement covers period
 from *10-21-2012*
 through *12-31-2012*

Page *14* of *18*

IC NUMBER
1338224

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 Cap campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 UT campaign literature and mailings

MBR member communications
 MTS 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 airline and production costs
 RFD returned contributions
 SAL campaign workers' salaries
 TEL i.v. or cable airline and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Butterfly Valley Press 205 North 8th Street Elk Grove, CA 92243</i>	<i>PRT</i>		<i>advertising</i>	<i>465.00</i>
<i>ALL SERVICES INTERNATIONAL 218 Welferham Avenue Elk Grove CA 92243</i>	<i>EMI</i>		<i>Meriville - T shirts</i>	<i>142.89</i>
<i>Butterfly Valley Press 205 North 8th Street Elk Grove, CA 92243</i>	<i>PRT</i>		<i>Advertising</i>	<i>465.00</i>
<i>Lincoln State Post Office 1578 West Alvin Street Elk Grove CA 92243</i>	<i>PUS</i>		<i>Stamps</i>	<i>45.00</i>
<i>Butterfly Valley Press 205 North 8th Street Elk Grove CA 92243</i>	<i>PRT</i>		<i>Advertising</i>	<i>465.00</i>

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

SUBTOTAL \$ *1412.89*

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

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

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

Page 15 of 18

IC NUMBER
15880224

SEE INSTRUCTIONS ON REVERSE
NAME OF FILTER

John Pierre Menivelle

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 CAP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LT campaign literature and mailings
 MBR member communications
 MTTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHD phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads
 RAD radio airtime and production costs
 RPD returned contributions
 SAL campaign workers' salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Thurston Valley Ives 105 North 5th Street Orlando CA 91223	PRT		Advertising	2,865.00
John Pierre Menivelle 507 West Redwood El Estero CA 91223	SAL		Predict Market Calendars	1,086.00
El Sur de Valle 230 Campillo Avenue Suite #1D Lafayette CA 91223	PRT		Advertising	3,281.00
Kelimer Public Relations, Inc 1850 West Main Street El Estero CA 91223	CNS		Campaign consultant	6,955.00
Holtville Tribune 570 West Avenue Holtville CA 91225	PRT		Advertising	4,166.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
SUBTOTAL \$ 17,429.00

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

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

SCHEDULE E (CONT.)
**CALIFORNIA
FORM 460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Pierre Menville

Statement covers period
from 11-21-2017
through 12-31-2017

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I.D. NUMBER
1338204

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
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSE	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 (# COMMITTEE; ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>John Pierre Menville 819 West Ross Rd ELECTORATE, CA 92243</i>	<i>SAL</i>		<i>Campaign letters yard signs, etc.</i>	<i>560.00</i>
<i>Imperial Printers 4700 Main Street E. Colton, CA 92224</i>	<i>OMP</i>		<i>Campaign Pamphlets and miscellaneous materials</i>	<i>2940.00</i>
<i>FLDM's Distance Athletes Team 8885 North Dulanski Ave Division 1 City, 92225</i>	<i>CTR</i>		<i>Contribution</i>	<i>120.00</i>
<i>STEPHAN KALCUNAN 32122 North Elm-Glathary Road Clatskanie Washington 97103</i>	<i>RND</i>		<i>Radio voiceovers</i>	<i>156.00</i>
<i>Post Buy 2900 South Dogwood Avenue El Cerrito, CA 94529</i>	<i>BFC</i>		<i>Office expenses</i>	<i>1136.52</i>

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

SUBTOTAL \$ 3172.52

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

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Pierre Menivelle

Statement covers period
from 12-21-2019
through 12-31-2019

SCHEDULE E (CONT.)
CALIFORNIA 460
FORM
Page 14 of 18
ID NUMBER
1538204

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/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LT campaign literature and mailings

MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 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 l.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United Water Ball Office 1518 Robert Wilson Street El Centro, CA 92222	LT		Ballots	96.60
LOLMEIS 2053 North DuPont Avenue El Centro, CA 92224	CMF		Campaign signs letters, posts, print etc	2804.25
John F Menivelle Farms 2049 Lullalo Drive El Centro, CA 92224	CMF		Campaign signs	4955.00
Business Printers 430 Main Street El Centro, CA 92224	CMF		Campaign paraphernalia	132.51
Robert Menivelle 2049 Lullalo Drive El Centro, CA 92224	CMF		Campaign paraphernalia etc	3927.70
El Centro	SAL		Campaign workers salaries	

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

SUBTOTAL \$ 11,812.06

**Schedule E
Payments Made**

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

STATEMENT
CALIFORNIA
FORM
460

SC1001-EE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

John Pierre Menville

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

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ID NUMBER
1228204

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

- CNP campaign paraphernalia/misc
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CYC civic donations
- FLI candidate filing/ballot fees
- HEI fundraising events
- IEI independent expenditure supporting/opposing others (explain)*
- LEI legal defense
- LIT campaign literature and mailings
- MBR member communications
- MFG meetings and appearances
- OFC office expenses
- PET petition circulating
- PIB 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
- VOI voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Dulles Valley Food Bank 3721 Applestill Road Elk Grove, CA 92243</i>	<i>CTB</i>	<i>OR</i>	<i>Contribution</i>	<i>129.38</i>
<i>{</i>	<i>{</i>	<i>{</i>	<i>{</i>	<i>{</i>

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

SUBTOTALS 129.38

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 129.38
2. Unitemized payments made this period of under \$100 \$ 0
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 \$ 129.38