

Recipie Committee Campaign Statement
over Page

Government Code Sections 84200-84216.5)

Type or print in

E INSTRUCTIONS ON REVERSE

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

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

Statement covers period from 01/01/13 through 6/30/13

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

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

DEC 30 2014

Date Stamp

CALIFORNIA FORM 460

COVER PAGE

Page 1 of 3

For Official Use Only

Committee Information

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

I.D. NUMBER

Committee to Elect Ruben Watchdog Casarez to Imperial Irrigation District Division 2 District 20

STREET ADDRESS (NO P.O. BOX) 1200 Rdeo Dr 812
 CITY STATE ZIP CODE AREA CODE/PHONE
 Calif 92251 7605544757

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / EMAIL ADDRESS

Treasurer(s)

NAME OF TREASURER Ruben Casarez
 MAILING ADDRESS 1200 Rodeo Dr 812
 CITY STATE ZIP CODE AREA CODE/PHONE
 Imperial Calif 92251 7605544757
 NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / EMAIL ADDRESS

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 12-24-14

Executed on 12-30-14

Signature of Treasurer or Assistant Treasurer

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

Signature of Controlling Officer, Candidate, State Measure Proponent

Executed on _____ Date

Signature of Controlling Officer, Candidate, State Measure Proponent

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

Type or print in ink.

COV. PAGE - PART 2
CALIFORNIA FORM 460
 Page 2 of 3

Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Ruben Casarez
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Imperial Irrigation District Director Division 2 *Director*
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1200 Rodeo Dr 812 Imperial Calif 92251

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

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
 BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

INSTRUCTIONS ON REVERSE

NAME OF FILER

Ruben Casarez

Statement covers period from 01/01/13 through 6/30/13	Page 3 of 2	CALIFORNIA FORM 460
I.D. NUMBER 13Y6892		

Contributions Received

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

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

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

Expenditures Made

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

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
	1/13	\$ 0
	6/30	\$ 0

Current Cash Statement

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

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

Cash Equivalents and Outstanding Debts

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

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

*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 01/01/13
through 6/30/13

SCHEDULE A (CONT.)
CALIFORNIA
FORM 460

Page 1 of 9
I.D. NUMBER

NAME OF FILER
Ruben Casarez

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)
NONE		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	NONE	NONE	NONE
		<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 \$						

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

Schedule B - Part 1
Loans Received

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

Statement covers period
from 01/01/13
through 6/30/13

Page 4 of 19

INSTRUCTIONS ON REVERSE
NAME OF FILER
Jben Casarez

) IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FULL NAME, STREET ADDRESS AND ZIP CODE <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(e) AMOUNT PAID OR FORGIVEN THIS PERIOD*		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(g) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
					<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN				
		NONE	\$ 0	\$ 0	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$ _____	_____ %	\$ _____	CALENDAR YEAR PER ELECTION**
			\$ 0	\$ 0	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$ _____	_____ %	\$ _____	CALENDAR YEAR PER ELECTION**
			\$ 0	\$ 0	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	\$ _____	_____ %	\$ _____	CALENDAR YEAR PER ELECTION**
SUBTOTALS \$			\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0 %	\$ 0	

Schedule B Summary

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

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

Net change this period: (Subtract Line 2 from Line 1.) **NET \$** _____
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

Contributor Codes

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

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

SCHEDULE C
Nonmonetary Contributions Received

Type or print name.
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from 01/01/13
 through 6/30/13

Page 5 of 10

I.D. NUMBER

Ruben Casarez

INSTRUCTIONS ON REVERSE
 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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
NONE		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	NONE	0		
		<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 \$					0		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

Amount received this period – itemized nonmonetary contributions.
 (Include all Schedule C subtotals.) \$ 0

Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0

Total nonmonetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 0

*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 D (CONT.)
chedur D
Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from 01/01/13
 through 6/30/13

CALIFORNIA
 FORM
460

Page 4 of 9
 I.D. NUMBER

ME OF FILER
 Ruben Casarez

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PERELECTION TO DATE (IF REQUIRED)
none	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
none	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
none	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
none	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
SUBTOTAL \$				0		

**chedule E
Continuation Sheet)
Payments Made**

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

5 RULE E (CONT.)

Statement covers period
from 01/01/13
through 6/30/13

**CALIFORNIA
FORM 460**

Page 5 of 9

I.D. NUMBER

INSTRUCTIONS ON REVERSE
NAME OF FILER

Ruben Casarez

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

- P campaign paraphernalia/misc. MBR member communications
- S campaign consultants MTG meetings and appearances
- B contribution (explain nonmonetary)* OFC office expenses
- C civic donations PET petition circulating
- candidate filing/ballot fees PHO phone banks
- fundraising events POL polling and survey research
- independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services
- 1 legal defense PRO professional services (legal, accounting)
- 3 campaign literature and mailings 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
- VOI 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
				0
				0
				0
				0

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

SUBTOTAL \$

0

**Schedule F
Continuation Sheet
Accrued Expenses (Unpaid Bills)**

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

Statement covers period
from 01/01/13
through 6/30/13

Page 6 of 19

NAME OF FILER
Ruben Casarez

I.D. NUMBER

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

- P campaign paraphernalia/misc.
 - S campaign consultants
 - B contribution (explain nonmonetary)*
 - C civic donations
 - candidate filing/ballot fees
 - 1 fundraising events
 - 2 independent expenditure supporting/opposing others (explain)*
 - 3 legal defense
 - 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)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
none	none	0	0	0	0
SUBTOTALS \$		0 \$	0 \$	0 \$	0

2013
Statement of Contributions
Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type of Filing: **Individual**
 Amounts may be rounded to whole dollars.

SCHEDULE G

CALIFORNIA
FORM 460

Statement covers period
 from 01/01/13
 through 6/30/13

Page 2 of 19
 I.D. NUMBER

INSTRUCTIONS ON REVERSE

NAME OF FILER

Ruben Casarez

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

- | | | | | | |
|---|---|-----|---|-----|---|
| P | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| S | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| B | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| C | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| 2 | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| 1 | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| 3 | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
none			none	0

each additional information on appropriately labeled continuation sheets. **TOTAL* \$ 0**

* not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.
 FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement

Government Code Sections 84200-84216.5)

Type or print in

E INSTRUCTIONS ON REVERSE

Statement covers period
 from 07/01/13
 through 12/31/13

Date of election if applicable:
 (Month, Day, Year)
 12/14

Date Stamp
DEC 30 2014

COVER PAGE
CALLFORM 460
FORM

Page 1 of 3
 For Official Use Only

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

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

Committee Information

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

Committee to Elect Ruben Watchdog Casarez to Imperial Irrigation District Division 2 *Disretio*

STREET ADDRESS (NO P.O. BOX) 1200 Rdeo Dr 812
 City STATE ZIP CODE AREA CODE/PHONE
 Calif 92251 7605544757

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
 CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER Ruben Casarez
 MAILING ADDRESS 1200 Rodeo Dr 812
 CITY STATE ZIP CODE AREA CODE/PHONE
 Imperial Calif 92251 7605544757

MAILING ADDRESS
 CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 12-24-14

Executed on 12-30-14

Executed on _____

Signature of Treasurer or Assistant Treasurer

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

COVER, AGE - PART 2
CALIFORNIA
FORM
460
 Page 2 of 3

Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Ruben Casarez
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Imperial Irrigation District Director Division 2
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1200 Rodeo Dr 812 Imperial Calif 92251

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

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

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

ampaign Disclosure Statement Summary Page

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

Statement covers period from 07/01/13 through 12/31/13

CALIFORNIA FORM 460

Page 3 of 3

ME OF FILER
Ruben Casarez

Contributions Received

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

Expenditures Made

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

Current Cash Statement

	Previous Summary Page, Line 16	Column A, Line 3 above	Column A, Line 4	Column A, Line 8 above
Beginning Cash Balance	\$ 0	0	0	0
Cash Receipts	0	0	0	0
Miscellaneous Increases to Cash	0	0	0	0
Cash Payments	0	0	0	0
ENDING CASH BALANCE	\$ 0	0	0	0

Loan Guarantees Received

Loan Guarantees Received	Schedule B, Part 2	\$ 0
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	See instructions on reverse
Cash Equivalents	\$ 0
Outstanding Debts	\$ 0

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

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

Expenditure Limit Summary for State Candidates

Date of Election (mm/dd/yyyy)	Total to Date
___/___/___	\$ 0
___/___/___	\$ 0

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

*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 07/01/13
 through 12/31/13

**CALLIFORNIA
 FORM 460**

SCHEDULE A (CONT.)

Page 1 of 9

I.D. NUMBER
13Y68912

NAME OF FILER
 Ruben Casarez

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE * <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	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>	PERELECTION TO DATE <small>(IF REQUIRED)</small>
	NONE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	NONE	NONE	NONE
		<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 \$						

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

Schedule B - Part 2
Loan Guarantors

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

Statement covers period
from 07/01/13
through 12/31/13

Page 2 of 2
I.D. NUMBER

E INSTRUCTIONS ON REVERSE
NAME OF FILER
Juben Casarez

ONE	FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN LENDER DATE	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR PER ELECTION (IF REQUIRED)	BALANCE OUTSTANDING TO DATE
				LENDER DATE	NONE	CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED)	0
				LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED)	0
				LENDER DATE		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED)	0
SUBTOTAL \$							

Enter on
Summary Page,
Line 17 only.

Schedule C Nonmonetary Contributions Received

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

INSTRUCTIONS ON REVERSE
NAME OF FILER

Ruben Casarez

Statement covers period
from 07/01/13
through 12/31/13

Page 3 of 9

I.D. NUMBER

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PERELECTION TO DATE (IF REQUIRED)
	NONE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	NONE	0		
		<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 \$					0		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.)

Amount received this period – unitemized nonmonetary contributions of less than \$100

Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)

*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 D (CONT.)
chedule D
Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from 07/01/13
 through 12/31/13

CALIFORNIA
 FORM **460**

Page 4 of 9

NAME OF FILER
 Ruben Casarez

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	none	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	NSA			
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
	none	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
	none	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				0		

chedu: 3
 Continuation Sheet)
 Payments Made

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

INSTRUCTIONS ON REVERSE
 NAME OF FILER

Ruben Casarez

Statement covers period
 from 07/01/13
 through 12/31/13

CALIFORNIA
 FORM 460
 Page 5 of 9
 I.D. NUMBER

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

- P campaign paraphernalia/misc.
- S campaign consultants
- B contribution (explain nonmonetary)*
- C civic donations
- 1 candidate filing/ballot fees
- 2 fundraising events
- 1 independent expenditure supporting/opposing others (explain)*
- 3 legal defense
- campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
N/A			N/A	0
S			S	0
				0
				0

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

SUBTOTAL \$ 0

**Schedule F
Continuation Sheet
Unpaid Bills**

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

Statement covers period
from 07/01/13
through 12/31/13

CALIFORNIA
FORM
460

Page 6 of 10

IEOFILER
Ruben Casarez
ID NUMBER

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

- P campaign paraphernalia/misc.
 - S campaign consultants
 - B contribution (explain nonmonetary)*
 - C civic donations
 - candidate filing/ballot fees
 - fundraising events
 - 1 independent expenditure supporting/opposing others (explain)*
 - 3 legal defense
 - campaign literature and mailings
- MBR member communications
 - MTG 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
 - 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
none	none	0	0	0	0
SUBTOTALS \$		0 \$	0 \$	0 \$	0

Schedule E
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print
 Amounts may be rounded
 to whole dollars.

Statement covers period
 from 07/01/13
 through 12/31/13

CALIFORNIA
 FORM
 460
 SCHEDULE G

Page 7 of 9

NAME OF FILER
 Ruben Casarez

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

- | | | | | | |
|---|---|-----|---|-----|---|
| P | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| S | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| B | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| C | civic donations | PET | petition circulating | TEL | tv. or cable airtime and production costs |
| | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| 1 | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| 2 | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| 3 | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
none			none	0
TOTAL *				\$ 0

each additional information on appropriately labeled continuation sheets.
 do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.
 FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule H
Loans Made to Others***

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

Statement covers period
from 07/01/13
through 12/31/13

Page 2 of 19

**CALIFORNIA
FORM
460**

SCHEDULE H

INSTRUCTIONS ON REVERSE
NAME OF FILER
Ruben Casarez

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT OR FORGIVENESS THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CALENDAR YEAR	
								PER ELECTION**	PER ELECTION**
		\$ 0	\$ 0	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 0	0 %	\$ 0		
		\$ 0	\$ 0	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 0	0 %	\$ 0		
SUBTOTALS		\$ 0	\$ 0	\$ 0	\$ 0	0 %	\$ 0		

Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must so be reported on Schedule E.

Schedule H Summary

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

Payments received on loans \$ 0
 (Total Column (c) plus unitemized payments of less than \$100.)

Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 0**
 (Enter the net here and on the Summary Page, Column A, Line 7.)

**If Required

**chedule I
iscellaneous Increases to Cash**

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

Statement covers period
from 07/01/13
through 12/31/13

**CALIFORNIA
FORM
460**
SCHEDULE I
Page 9 of 9

E INSTRUCTIONS ON REVERSE

ME OF FILER
Ruben Casarez

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
none			0
Attach additional information on appropriately labeled continuation sheets.			SUBTOTAL \$

chedule I Summary

Itemized increases to cash this period: \$ 0
 Unitemized increases to cash of under \$100 this period: \$ 0
 Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
 Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) \$ **TOTAL \$** 0

Principle Committee Campaign Statement

Government Code Sections 84200-84216.5

Type or print in

E INSTRUCTIONS ON REVERSE

Statement covers period
 from 01/01/14
 through 6/30/14

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

Date Stamp
DEC 30 2014

CALIFORNIA FORM 460
 Page _____ of _____
 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
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

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

Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
 I.D. NUMBER

Committee to Elect Ruben Watchdog Casarez to Imperial Irrigation District Division 2
Watchdog

STREET ADDRESS (NO P.O. BOX)
 1200 Rdeo Dr 812
 CITY STATE ZIP CODE AREA CODE/PHONE
 Calif 92251 7605544757

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

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

Treasurer(s)

NAME OF TREASURER
 Ruben Casarez
 MAILING ADDRESS
 1200 Rodeo Dr 812
 CITY STATE ZIP CODE AREA CODE/PHONE
 Imperial Calif 92251 7605544757

MAILING ADDRESS

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

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 12-24-14
 Date

Executed on 12-30-14
 Date

Executed on _____
 Date

Executed on _____
 Date

Signature of Treasurer or Assistant Treasurer

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

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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

6. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Ruben Casarez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Imperial Irrigation District Director Division 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1200 Rodeo Dr 812 Imperial Calif 92251

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

7. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

INSTRUCTIONS ON REVERSE

NAME OF FILER

Ruben Casarez

Statement covers period from 01/01/14 through 6/30/14	Page 3 of 3	CALIFORNIA FORM 460

I.D. NUMBER 1346892

Contributions Received

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

Expenditures Made

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

Current Cash Statement

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

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

Loan Guarantees Received and Outstanding Debts

Loan Guarantees Received	Schedule B, Part 2	0
Cash Equivalents	See instructions on reverse	0
Outstanding Debts	Add Line 2 + Line 9 in Column B above	0

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

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

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

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
	/ /	\$ 0
	/ /	\$ 0

*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 01/01/14
through 6/30/14

Page 1 of 8

CALIFORNIA FORM 460

NAME OF FILER: Ruben Casarez
I.D. NUMBER: 1346892

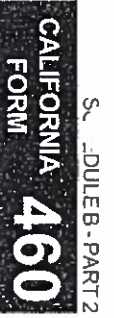
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	NONE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	NONE	NONE	NONE
		<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 \$						

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

Schedule B - Part 2 Loan Guarantors

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

Statement covers period
from 01/01/14
through 6/30/14



Page 2 of 8
I.D. NUMBER

E INSTRUCTIONS ON REVERSE
NAME OF FILER
Juben Casarez

ONE	FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN LENDER DATE	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR	BALANCE OUTSTANDING TO DATE
			NONE		NONE	\$ _____ CALENDAR YEAR	0
				LENDER DATE		\$ _____ CALENDAR YEAR	0
				LENDER DATE		\$ _____ CALENDAR YEAR	0
				LENDER DATE		\$ _____ CALENDAR YEAR	0
SUBTOTAL \$							

Enter on
Summary Page,
Line 17 only.

cheduic C
Nonmonetary Contributions Received

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

Statement covers period
 from 01/01/14
 through 6/30/14

CALIFORNIA
FORM 460
SCHEDULE C

Page 3 of 8

INSTRUCTIONS ON REVERSE
 NAME OF FILER

Ruben Casarez

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
NONE		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	NONE	0		
		<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 \$						0	

Schedule C Summary

Amount received this period - itemized nonmonetary contributions.
 (Include all Schedule C subtotals.) \$ 0

Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0

Total nonmonetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 0

*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 1
miscellaneous Increases to Cash

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

Statement covers period
from 01/01/14 through 6/30/14

CALIFORNIA FORM 460
Page 8 of 8

E INSTRUCTIONS ON REVERSE

I.D. NUMBER

ME OF FILER
Ruben Casarez

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
none			0
SUBTOTAL \$			

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

Itemized increases to cash this period \$ 0
 Unitemized increases to cash of under \$100 this period \$ 0
 Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
 Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$ 0**