				COVER PAGE
ampaign Statement over Page overnment Code Sections 84200-84216-5)	Type or print is	:	Date Stamp	CALIFOR 460
	Statement covers period 01/01/13	Date of election if applicable: (Month, Day, Year)		Page of
E INSTRUCTIONS ON REVERSE	through6/30/13			۸
Type of Recipient Committee: All Committees - C	All Committees - Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
☐ Officeholder, Candidate Controlled Committee ⑥ State Candidate Election Committee ○ Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored	 □ Preelection Statement □ Semi-annual Statement ☑ Termination Statement (Also file a Form 410 Termination) 		Quarterly Statement Special Odd-Year Report Supplementat Preelection Statement - Attach Form 495
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Parl 7)	Amendment (Explain below)	low)	
Committee Information	I.D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Ruben Watchdog Casarez to Imperial Irrigation	to Imperial Irrigation	NAME OF TREASURER Ruben Casarez MAILING ADDRESS		
OΙ	1	1200 Rodeo Dr 812	STATE ZIP CODE	AREA CODE/PHONE
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	ER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	вох	MAILING ADDRESS		
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	:88	
Verification Nerification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	ig this statement and to the best of my kno ia that the foregoing is true and correct.	wledge the information contained here	contained herein and in the attached schedules is true and complete. I certify	is true and complete. I certify
Executed on 12-30-14	By Signature of Con	Signature of Treasurer or Assistant Treasurer Signature of Controlling Officeholder, Candidate, State Measure Proponent or	ssurer or Assistant Treasurer State Measure Proponent or Responsible Officer of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	le Measure Proponent	ı
Executed on	Ву	Synature of Controlling Officeholder, Candidate, State Measure Proponent	le Measure Proponent	FPPC Form 460 (January/05)



	Attach continuation sheets if necessary	h continuatio	Attacl	ODE AREA CODE/PHONE	STATE ZIP CODE	YTIO
				OX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		NAME OF TREASURER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	i.c. NOMBER		COMMITTEE
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	ODE AREA CODE/PHONE	STATE ZIP CODE	CONTREE WATE
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE		STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
names or	officeholder(s) or candidate(s) for which this committee is primarily formed.	for which this	officeholder(s) or candidate(s)	CONTROLLED COMMITTEE?		NAME OF TREASURER
				I.D. NUMBER		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	or are primarily formed to receive didacy.	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.	not included in this state contributions or make e
	OPONENT	DIDATE, OR PRO	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	tement: List any committees	in	Related Committee
oponent, if any.	Identify the controlling officeholder, candidate, or state measure proponent, if any.	ceholder, can	Identify the controlling office	TY STATE ZIP	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 1200 Rodeo Dr 812 Imperial Calif 92251	RESIDENTIAL/BUSINESS ADDRESS (NO. AN 1200 Rodeo Dr 812 Imperial Calif
SUPPORT OPPOSE		JURISDICTION	BALLOT NO. OR LETTER	1) I TO LECT	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Imperial Irrigation District Director Division 2 0 ; $7 + 2 + 3 = 1$	OFFICE SOUGHT OR HELD Imperial Irrigation D
			NAME OF BALLOT MEASURE		OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE Ruben Casarez
	Committee	t Measure (6. Primarily Formed Ballot Measure Committee	ittee	Officeholder or Candidate Controlled Committee	Officeholder or Car

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SUMMARY PAGE

ummary Page	Amounts may be rounded to whole dollars.	Stater	Statement covers period 01/01/13	CALIFORNIA 460
E INSTRUCTIONS ON REVERSE		through .	6/30/13	Page 3 of 3
ME OF FILER				I.D. NUMBER / CC2
Ruben Casarez	:			1346014
ontributions Received	Coiumn A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidate Running in Both the State Primary and General Flactions	Calendar Year Summary for Candidates Running in Both the State Primary and General Flections
Monetary Contributions Schedule A, Line 3 Loans Received Schedule B Line 3	\$ 0 \$	0	1/1 th	1/1 through 6/30 7/1 to Date
CONTRIBUTIONS	0 \$	0	20. Contributions	0 \$
Nonmonetary Contributions Schedule C, Line 3	0	0	res	
TOTAL CONTRIBUTIONS RECEIVED	\$	0		0 \$
Made	O	0	Expenditure Limit S	Limit Summary for State
Loans Made Schedule H, Line 3	0	0		
SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 0 \$	0	22. Cumulative	 Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0	0	Date of Election	Total to Date
. Nonmonetary Adjustment Schedule C, Line 3	0	0	(mm/da/yy)	
TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 0 \$	0		\$
urrent Cash Statement	•			\$
. Beginning Cash Balance Previous Summary Page, Line 16 Cash Receipts	\$ 0 To	To calculate Column B, add amounts in Column A to the		
Increases to Cash	<u> </u>	corresponding amounts from Column B of your last	*Amounts in this section mare reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
. Cash Payments Column A, Line 8 above	-	report. Some amounts in Column A may be negative		
. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ figu	figures that should be subtracted from previous		
If this is a termination statement, Line 16 must be zero.	per	period amounts. If this is		
. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0 for car	for this calendar year, only carry over the amounts		
s and Outstanding	D	Lines 2,		
•				FPPC Form 460 (January/05)
Outstanding Debts Add Line 2 + Line 9 in Column B above			FPPC Toll-Free Helplins	FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

chedule A (Continuation Sheet) onetary Contributions Received

Ruben Casarez

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E AN INDIVIDUAL ENTER			Amounts may be rounded to whole dollars.	Type or print in ink.
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DATE PER ELECTION	I.D. NUMBER	Page of	FORM 460	SCHEDULE A (CONT.)
CTION		\$	460	A (CONT.)

8			\$UBTOTAL\$			
				SCC CIND		
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				□ IND □ COM □ OTH □ PTY □ SCC		
				□□ COM □□ SCC		
NONE	NONE	NONE	NONE	DOTH SCC	NONE	
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEL ALSO ENTER I.D. NUMBER)	DATE

Contributor Codes

VD – Individual

COM – Recipient Committee

(other than PTY or SCC)

Other (e.g., business entity)

TY – Political Party

iCC - Small Contributor Committee

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Statement covers period 01/01/13	
CALIFORNIA 46	SC ULEB-PART 1
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E INSTRUCTIONS ON REVERSE				through6/	6/30/13	Page 4	of Q
VE OF FILER		:				I.D. NUMBER	
Jben Casarez							
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) (b) (b) AMOUNT BALANCE RECEIVED THIS PERIOD PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
:	NONE		PAID				CALENDAR YEAR
			S FORGIVEN		RATE %		PER ELECTION**
] IND COM COTH CPTY CSCC		0	5	DATEDUE		DATE INCURRED	Cn .
			PAID		RATE %		CALENDAR YEAR
IND COM OTH PTY SCC		0	\$ 	DATEDUE		DATE INCURRED	Un
			PAID				CALENDAR YEAR
			S FORGIVEN		RATE %		SPER ELECTION**
ND COM OTH PTY SCC		0 \$	\$	DATEDUE	S	DATE INCURRED	ю
		SUBTOTALS \$	\$	\$ 0	\$ 0		
hedule B Summary					(Enter (e) on Schedule E, Line 3)		
Loans received this period			⇔	0)		
(Total Column (b) plus unitemized loans of less than \$100.)	s of less than \$100.)		 ↔	0	 S ≅ ☆	†Contributor Codes IND – Individual COM – Recipient Committee	pmittee
(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)) paid or forgiven.) tare also itemized on Sched	ule A.)			PT ((other than PTY or SCC) OTH Other (e.g., business entity) PTY Political Party	TY or SCC) jusiness entity)
Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A,	32 from Line 1.) y Page, Column A, Line 2.		NET \$	(May be a negative number)	(S	SCC – Small Contribu	Small Contributor Committee

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

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Amounts may be rounded

SCHEDULE C

		to whole dollars.	_	from 01/01/13	13	FORM	460
E INSTRUCTIONS ON REVERSE				through 6/30/13	113	Page 3	of Q
ME OF FILER						I.D. NUMBER	
Ruben Casarez							_
DATE 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	OSCC OSC	NONE	NONE	0			
	□ COM □ COM □ PTY □ SCC						
	□ ND □ COM □ OTH □ PTY						
	OSC OSTA						
ttach additional information on appropriately labeled continuation sheets.	ed continuatio	n sheets.	\$UBTOTAL	L\$ 0			

chedule C Summary

S	0	TOTAL \$	Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A. Lines 4 and 10.)
90	0	\$	Amount received this period – unitemized nonmonetary contributions of less than \$100\$100
Ω ₹	0	\$	Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)
<u> </u>			

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$

	SCC-S	0TH - 0	_	_	COM-F
	mall Contributor Comm	Other (e.g., business e		other than PTY or SC	Recipient Committee Tother than PTY or SC
	Committee	ness entity	01 0000)	2000	ttee
IND Individual COM Recipient Committee (other than PTY or SCC) OTH Other (e.g., business entity) PTY Political Party SCC Small Contributor Committee	IND Individual COM Recipient Committee (other than PTY or SCC) OTH Other (e.g., business entity	IND Individual COM Recipient Committee (other than PTY or SCC)	IND Individual COM Recipient Committee	IND Individual	

chedu L D Continuation Sheet) Continuation Sheet) Lummary of Expenditu Lupporting/Opposing (andidates, Measures;

	Amount man harman.		SCHEDULE D (CONT.)
ary of Expenditures	to whole dollars.	Statement covers period	CALIFORNIA
rting/Opposing Other		from 01/01/13	FORM 400
rates, Measures and Confinititees		through6/30/13	Page Y of Co
LER			I.D.NUMBER
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	0	\$ 0	\$ subtotal				
				"	Oppose	Support	
				Contribution			
						none	
				Expenditure	Oppose	Support	
				Monetary Contribution		none	
				Expenditure	Oppose	Support	
				☐ Monetary Contribution		none	
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				Nonmonetary Contribution			
				Monetary Contribution		none	
CUMULATIVE TO DATE PER ELECTION CALENDAR YEAR TO DATE (JAN. 1 - DEC. 31) (IF REQUIRED)	CUMULATIN CALEND/ (JAN. 1-1	AMOUNT THIS PERIOD	DESCRIPTION (IF REQUIRED)	TYPE OF PAYMENT	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	NAME OF CANDIDAT MEASURE NUMBER O OR	DATE
.D. NUMBER						sarez	Ruben Casarez
Page of LY		through					
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AMOUNT PAID	DESCRIPTION OF PAYMENT	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER 1D. NUMBER)	
s ne candidate/sponsor ⊱mail)	the code. Otherwise, describe the payment. 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 counting) VOT voter registration WEB information technology costs (internet, e-mail)	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings Campaign paraphernalia/misc. 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	P campaign parapher S campaign consulta S contribution (explai C civic donations candidate filing/ball D fundraising events independent exper S legal defense campaign literature
		rez	Ruben Casarez

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I.D. NUMBER Page. CALIFORNIA FORM Su... EDULE F (CONT.)

		ine	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	P campaign paraphernalia/misc. S campaign consultants S campaign consultants C contribution (explain nonmonetary)* C civic donations C candidate filing/ballot fees D fundraising events I independent expenditure supporting/opposing others (explain)* D legal defense C campaign literature and mailings PAT print ads
\$ subtotals		none	CODE OR DESCRIPTION OF PAYMENT	s the payment, you may enter the code. 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 be summarized on Schedule D.
0 \$		0	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	nter the code. ss ch ssenger services jal, accounting)
0 \$		0	(b) AMOUNT INCURRED THIS PERIOD	Otherwise, describe the payment. RAD radio airtime and production c RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and TSF transfer between committees VOT voter registration WEB information technology costs (
0 \$		0	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	adio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
0		0	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	s me candidate/sponsor ∍-mail)

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ontractor (on Behalf of This Committee) aymer. . . Made by an Agent or Independent

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Ruben Casarez

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Statement covers period 01/01/13

SCHEDULE

from through 6/30/13 Page __ I.D. NUMBER FORM

σωσσ ODES: If one of the following codes accurately describes the campaign paraphernalia/misc payment, you may enter the code. Otherwise, describe the payment.

유 MG office expenses meetings and appearances member communications RPD SAL returned contributions radio airtime and production costs

independent expenditure supporting/opposing others (explain)* PO 몽 professional services (legal, accounting) postage, delivery and messenger services polling and survey research phone banks petition circulating

print ads

tundraising events

candidate filing/ballot fees

campaign literature and mailings

legal defense

civic donations

contribution (explain nonmonetary)"

campaign consultants

작장정 百 information technology costs (internet, e-mail) transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs voter registration campaign workers' salaries

ayments 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	none	DESCRIPTION OF PAYMENT	AMOUNT PAID
ach additional information on appropriately labeled continuation sheets.			TOTAL* \$	0

onot transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or pendent contractor as reported on Schedule E.

PPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California	e, State Measure Proponent FPPC Toll-Free Helpli	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	Executed onOate
I	nolder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Canadat	8y	Executed on
	Proponent or Responsible Officer of Sponsor	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	BySignature of Con	Executed on
		Cincinnation of Transmission	that the foregoing is true and correct. By	under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 12-24-14 By
is true and complete. I certify	herein and in the attached schedules	wledge the information contained	this statement and to the best of my kno	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
	DDRESS	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS
AREA CODE/PHONE	STATE ZIP CODE	CITY	DE AREA CODE/PHONE	CITY STATE ZIP CODE
		MAILING ADDRESS)X	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
	SURER, IF ANY	NAME OF ASSISTANT TREASURER, IF ANY	DE AREA CODE/PHONE	CITY STATE ZIP CODE
E AREA CODE/PHONE	STATE ZIP CODE If 92251 7605544757	CITY Imperial Calif 92251	7605544757	1200 Rdeo Dr 812 Calif 92251
		MAILING ADDRESS 1200 Rodeo Dr 812		District Division 2 PITRE + 0
		Ruben Casarez	Imperial Irrigation	Committee to Elect Ruben Watchdog Casarez to Imperial Irrigation
		Treasurer(s)	I.D. NUMBER	Committee Information 1.D
			Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Sponsored Small Contributor Committee Political Party/Central Committee
Statement - Attach Form 495	ation)		Sponsored (Also Camplete Pert 6)	(Also Complete Part 5) General Purpose Committee (A
Quarterly Statement Special Odd-Year Report Supplemental Preelection]] [8]	☐ Preelection Statement ☐ Semi-annual Statement ☑ Termination Statement	Primarily Formed Ballot Measure Committee	ndidate Controlled Committee Sete Election Committee
		2. Type of Statement:	All Committees – Complete Parts 1, 2, 3, and 4.	Type of Recipient Committee: All Committees - Con
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For Official Use Only	DEC 3 0 2014	Date of election if applicable: (Month, Day, Year)	Statement covers period 07/01/13	
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List names of ormed.	Primarily Formed Candidate/Officeholder Committee List of officeholder(s) or candidate(s) for which this committee is primarily formed.	lidate/Office for which this	7. Primarily Formed Candidate/Officeholder Committee officeholder(s) or candidate(s) for which this committee is primarily for	CONTROLLED COMMITTEE?		NAME OF TREASURER
				I.D. NUMBER		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	or are primarily formed to receive didacy.	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.	not included in this stat contributions or make e
	OPONENT	DIDATE, OR PRO	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	tement: List any committees	Related Committees Not included in this Statement: List any committees	Related Committee
oponent, if any.	ntrolling officeholder, candidate, or state measure proponent, if any.	ceholder, can	Identify the controlling office	TY STATE ZIP	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 1200 Rodeo Dr 812 Imperial Calif 92251	RESIDENTIAL/BUSINESS ADDRESS (NO. AN 1200 Rodeo Dr 812 Imperial Calif
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						Ruben Casarez
			NAME OF BALLOT MEASURE		R OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
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E INSTRUCTIONS ON REVERSE		through _	12/31/13	Page 3 of 3
ME OF FILER				I.D. NUMBER
ontributions Received	Column A Column A Column A Column A Column A CALENG CALENG TOTAL THIS PERIOD TOTAL TOTAL (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidate Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3 Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Nonmonetary Contributions Schedule C, Line 3 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ \$ \$ 0 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ \$ 1 0 0 \$ \$ 1 0 0 \$ \$ \$ 1 0 0 \$ \$ \$ 1 0 0 \$ \$ \$ 1 0 0 \$ \$ \$ 1 0 0 \$ \$ \$ 1 0 0 \$ \$ \$ \$	00000	20. Contributions Received \$ 21. Expenditures Made \$	1/1 through 6/30 7/1 to Date 0 \$ 0
Cpenditures Made Schedule E, Line 4 Payments Made Schedule H, Line 3 Loans Made Schedule H, Line 3	\$ 	000	Expenditure Limit S Candidates	re Limit Summary for State s Cumulative Expenditures Made*
SUBTOTAL CASH PAYMENTS		0000	(if Subject to) Date of Election (mm/dd/yy)	(If Subject to Voluntary Expenditure Limit) ection Total to Date /yy) / 0
Statement h Balance Previous	\$0 To calculate Column B, add 0 amounts in Column A to the	Column B, add		6
. Miscellaneous Increases to Cash	o corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from provious	ig amounts i B of your last e amounts in ay be negative should be	*Amounts in this section m reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0 for this calendar year, only carry over the amounts	lar year, only amounts		
and Outsta	0	7, and 9 (If		EDDC Form 460 (Tablian)
. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Toll-Free Helplin	FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772

chedul. A (Continuation Sheet) onetary Contributions Received

Type or print in ink.
Amounts may be rounded

Statement covers period	

SCHEDULE A (CONT.)

olletaly		to whole dollars.	ollars.	from 07/01/13		FORM 460
				gh	12/31/13 Page.	of O
MEOFFILER					I.D. NI	I.D. NUMBER
Ruben Casarez	arez				13	13468812
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR. ((FCOMMITTEE, 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	OSCC	NONE	NONE	NONE	NONE
		OSCC				
		□COM □COM □PTY □SCC				
		OSC Y THE				
		OTH SCC				
The second many controls						

SUBTOTAL\$

VD – Individual
COM – Recipient Committee
(other than PTY or SCC)
TH – Other (e.g., business entity)
TY – Political Party

:CC - Small Contributor Committee

chedule B – Part 2 pan Guarantors

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ME OF FILER

		Amounts may be rounded to whole dollars.	Time or naint in int
	through12/31/13	Statement covers period 07/01/13	
I.D. NUMBER	Page J of G	CALIFORNIA 460	SC LOULE B PART 2

																			;	ONE	
																					ZIP CODE OF GUARANTOR
	□scc	□PTY	Потн	СОМ		□scc	□PTY	HTO	COM		□scc	□ PTY	НТОП	COM	□ ND	□scc	□ PTY	HTO	СОМ	□ N O	CONTRIBUTOR
			\$\$ JA																	NONE	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
SUBTOTAL \$			DATE		LENDER		DATE		LENDER				DATE		LENDER	*		DATE		LENDER	LOAN
€														_					NONE		GUARANTEED THIS PERIOD
Enter on Summary Page, Line 17 only.	5		PER ELECTION	5	CALENDAR YEAR	S		(IF REQUIRED)	6	CALENDAR YEAR			PERELECTION (IF REQUIRED)	5	CALENDAR YEAR	\$		(IF REQUIRED)	\$	CALENDAR YEAR	CUMULATIVE TODATE
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Ruben Casarez

to whole dollars.

Statement covers period

07/01/13

CALIFORNIA

from. through 12/31/13 Page ___ I.D. NUMBER FORM of Kill

				DATE
			NONE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
OTH Scc	OSCC OSCC	□IND □COM □PTY □SCC	□ IND □ COM □ PTY □ SCC	CONTRIBUTOR CODE *
			NONE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
			NONE	DESCRIPTION OF GOODS OR SERVICES
			0	AMOUNT/ FAIR MARKET VALUE
				COMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)
				PER ELECTION TO DATE (IF REQUIRED)
	□ ND □ COM □ OTH □ PTY □ SCC	COM	COM	OIND OOR NONE NONE

chedule C Summary

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

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

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

\$

0

0

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

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chedule D Sontinuatio ummary of upporting/(andidates,

ME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars. Statement covers period from 07/01/13 through 12/31/13 Page of 60 I.D. NUMBER COMULATIVE TO DATE PER ELECTION	NAME OF CANDIDATE OFFICE AND DISTRICT OF	ez	, Measures and Committees	Opposing Other	on Sheet)
Statement covers period from				to whole di	Type or prin
12/31/13 h 12/31/13	DESCRIPTION			ollars.	t in ink.
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SCHEDULED (CONTORNIA 460) ORNIA 460 MBER PER ELECTION	CUMULATIVE TO DATE	I.D. NU			
		MBER /	4 of Co	DRM 460	SCHEDULE D (CONT.)

		0	SUBTOTAL \$				
				-	Oppose	☐ Support	
				Contribution			
						none	
				"	☐ Oppose	☐ Support	
		T		Nonmonetary Contribution			
			100	Monetary Contribution		none	
				Expenditure	Oppose	☐ Support	
				Nonmonetary Contribution Independent			
				Monetary Contribution		none	
				١.	☐ Oppose	☐ Support	
	S-20-20-9-00			Nonmonetary Contribution			
				Monetary Contribution		none	
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN: 1 - DEC: 31)	AMOUNT THIS PERIOD	DESCRIPTION (IF REQUIRED)	TYPE OF PAYMENT	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	NAME OF CANDIDATE, OMEASURE NUMBER OR LOOR CO	DATE
						sarez	Ruben Casarez

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

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Statement covers period 07/01/13

CALIFORNIA

DULE E (CONT.)

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12/31/13

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ayments that are contributions or independent expenditures must also be summarized on Schedule D.			MA	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	DES: If one of the following codes accurately describes the payment, you may eperaphernalia/misc. S campaign paraphernalia/misc. S campaign consultants C contribution (explain nonmonetary)* C civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings MBR member communications MTG meetings and appearanc OFC office expenses PET petition circulating PHO phone banks POL polling and survey resea PRO postage, delivery and mentary of professional services (le
chedule D. SUBTOTAL \$			2/2	CODE OR DESCRIPTION OF PAYMENT	payment, you may enter the code. Otherwise, describe the payment. RAD radio airlime and production costs meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) Print ads RAD radio airlime and production costs returned contributions SAL campaign workers' salaries campaign workers salaries campaign workers salaries campaign workers' valaries campaign workers' salaries campaign workers' valaries campaign workers' salaries campaign workers' valaries camp
- \$ C				AMOUNT PAID	osts ils same candidate/sponso

crued Expenses (Unpaid Bills) ontinuation Sheet) :hedule F

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

Statement covers period 07/01/13

from through. 12/31/13

I.D. NUMBER Page 1 CALIFORNIA FORM 460

SCHEDULE F (CONT.)

1	Ruben Casarez				
2	ODES: If one of the following codes accurately describes the payment, you may enter the code.	s the		nerwise	Otherwise, describe the payment.
Þ	campaign paraphemalia/misc.	MBR	member communications	RAD	radio airlime and production costs
S	campaign consultants	MTG	meetings and appearances	꿈	returned contributions
œ	contribution (explain nonmonetary)*	OFC.	office expenses	SAL	campaign workers' salaries
C	civic donations	西	petition circulating	百	t.v. or cable airtime and production costs
	candidate filing/ballot fees	용	phone banks		candidate travel, lodging, and meals
U	fundraising events	<u>p</u>	polling and survey research		staff/spouse travel, lodging, and meals
-	independent expenditure supporting/opposing others (explain)*	P OS	postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
(J	legal defense	P O	professional services (legal, accounting)	ΥoΤ	VOT voter registration
	comparing libraries and mailines	3		j	

³ayments that are contributions or independent expenditures must also be summarized on Schedule D.

U

polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads

information technology costs (internet, e-mail)

G)

campaign literature and mailings

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

ontractor (on Behalf of This Committee) ayments Made by an Agent or Independent

chedule

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

from_ Statement covers period 07/01/13

through_ 12/31/13

> CALIFORNIA 460 SHEDULE G

Page_ I.D. NUMBER of (C)

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P campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
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	
Tundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
5 legal defense	PRO professional services (legal, accounting)	VOT voter registration
campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

ependent expenditures must also be summanzed on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ne		none		
				c
		:		
ach additional information on appropriately labeled continuation sheets.			TOTAL* \$	0

chedule

ME OF FILER	E INSTRUCTIONS ON REVERSE	chedule H pans Made to Others*
		Type or print in ink. Amounts may be rounded to whole dollars.
	through12/31/13	Statement covers period 07/01/13
I.D. NUMBER	Page 3 of 19	CALIFORNIA 460

		(Enter (e) on Schedule I, Line 3)				110		
		\$ 0	0	0	0	SUBTOTALS \$	ate or committee s forgiven must	oans that are contributions to another candidate or committee ust also be summarized on Schedule D. Loans forgiven must so be reported on Schedule E.
o,	DATE INCURRED	S	DATE DUE	,	S	67		
PER ELECTION**	5	RATE %		FORGIVEN				
CALENDAR YEAR		1087(3)		☐ PAID				
\$	DATE INCURRED	6	DATE DUE		, s	s		
PER ELECTION***		RATE		FORGIVEN)	>		
CALENDAR YEAR	0	0	0	PAID 0				ine
CUMULATIVE LOANS TO DATE	ORIGINAL AMOUNT OF LOAN	(e) INTEREST RECEIVED	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	REPAYMENT OR FORGIVENESS THIS PERIOD*	AMOUNT LOANED THIS PERIOD	OUTSTANDING BALANCE BEGINNING THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)
84								luben Casarez

chedule H Summary

- Vedraide	0 (May be a negative number)	(Total Column (b) plus unitemized loans of less than \$100.) Payments received on loans
**IF Doguirod	c	Loans made this period\$
	5	

chédule l iscellaneous Increases to Cash

E INSTRUCTIONS ON REVERSE

ME OF FILER

Ruben Casarez

DATE RECEIVED

FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)

none

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whole dollars.	nts may be rounded	be or print in ink.
-	-	1

from Statement covers period 07/01/13

CALIFORNIA FORM

SCHEDULE

Page __ 9

through

12/31/13

I.D. NUMBER

AMOUNT OF INCREASE TO CASH

DESCRIPTION OF RECEIPT

0

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

chedule I Summary

Unitemized increases to cash of under \$100 this period.....

Itemized increases to cash this period......\$

\$

Total of all interest received this period on loans made to others. (Schedule H, Column (e).)(e).

Summary Page, Line 14.) Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

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

TOTAL \$

Statement Cole Sections 84200-942(8.5) Statement covers period Collocation is applicable; Collocation is 200-942(8.5) Collocation is 200-942(8.



	Attach continuation sheets if necessary) continuatio	Attach	AREA CODE/PHONE	ZIP CODE	STATE	CITY
					(NO P.O. BOX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT	OFFICE SOUGHT OR HELD	NOIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?			NAME OF TREASURER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	TO MOMOLIA	į		COMMITTEL
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	AREA CODE/PHONE	ZIP CODE	STATE	COMMITTEE MANE
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE		(NO P.O. BOX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
List names of rmed.	ormed Candidate/Officeholder Committee List or candidate(s) for which this committee is primarily formed	idate/Offica	7. Primarily Formed Candi officeholder(s) or candidate(s) t	CONTROLLED COMMITTEE?	COI		NAME OF TREASURER
			· ·	I.D. NUMBER	į.		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	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.	d by you or are of your candidad	ement that are controlle expenditures on behalf o	not included in this statement that are controlled by you or are p contributions or make expenditures on behalf of your candidacy.
	OPONENT	DIDATE, OR PR	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Related Committees Not included in this Statement: List any committees	this Statem	s Not included in	Related Committee
oponent, if any.	ontrolling officeholder, candidate, or state measure proponent, if any.	eholder, can	Identify the controlling office	STATE ZIP	EÉT) CITY	.bbress" (NO. AND STR ! Imperial Calif	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 1200 Rodeo Dr 812 Imperial Calif 9229
OPPOSE	00				sion 2	istrict Director Divis	Imperial Irrigation District Director Division 2
SUPPORT		JURISDICTION	BALLOT NO. OR LETTER	MBER IF APPLICABLE)	ND DISTRICT NU	(INCLUDE LOCATION AN	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
							Ruben Casarez
			NAME OF BALLOT MEASURE	4		OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	Committee	Measure (6. Primarily Formed Ballot Measure Committee		Committee	ndidate Controllec	Officeholder or Candidate Controlled Committee

ampaign Disclosure Statement ummary Page

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

SUMMARYPAGE

ummary Page	Amounts may be rounded to whole dollars.	Staten from	Statement covers period 01/01/14	CALIFORNIA 460
E INSTRUCTIONS ON REVERSE		through _	6/30/14	Page3of
ME OF FILER			10	I.D. NUMBER
Ruben Casarez				1346872
ontributions Received	COLUMN A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidate Running in Both the State Primary and General Flections	Calendar Year Summary for Candidates Running in Both the State Primary and General Flections
Monetary Contributions Schedule A. Line 3 Loans Received Schedule B. Line 3	0 \$	0	General Elections	1/1 through 6/30 7/1 to Date
UTIONS	es	0		0 \$
TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$ 0 \$	0	21. Expenditures Made \$	0 \$ 0
cpenditures Made Payments MadeSchedule E, Line 4	\$ O		Expenditure Limit Summary for State Candidates	ummary for State
SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 0 5	0	22. Cumulative	22. Cumulative Expenditures Made* (#Subjectto Voluntary Expenditure Limit)
Accrued Expenses (Unpaid Bills)Schedule F. Line 3 . Nonmonetary AdjustmentSchedule C, Line 3	0 0	0	Date of Election (mm/dd/yy)	Total to Date
TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 0 \$	0		€ 0
urrent Cash Statement	,			\$
	0	amounts in Column A to the corresponding amounts	*Amounts in this position re-	or he different from amounts
. Miscellaneous Increases to Cash Schedule I, Line 4	0 rej	from Column B of your last report. Some amounts in	reported in Column B.	reported in Column B.
. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0 fig	figures that should be subtracted from previous		
If this is a termination statement, Line 16 must be zero.	the	period amounts. If this is the first report being filed		
LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0 for	for this calendar year, only carry over the amounts		
ash Equivalents and Outstanding Debts Cash Equivalents	\$ 0 an	from Lines 2, 7, and 9 (if any).		
. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 		FPPC Toll-Free Helpline	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

chedule A (Continuation Sheet) onetary Contributions Received

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

Statement covers period

SCHEDULE A (CONT.)

offecally	officially Contributions Received	to whole dollars.	to whole dollars.	from 01/01/14		CALIFORNIA 460
				gh	6/30/14 Page	ge of Sc
ME OF FILER Ruben Casarez	arez				i.b	134 6852
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE 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)
	NONE	SCC SCC	NONE	NONE	NONE	NONE
		DSCC OSC				
		□ IND □ COM □ PTY □ SCC				
		□ IND □ COM □ OTH □ PTY □ SCC				
		O C PTY H M				
			SUBTOTAL\$	B		

Contributor Codes

ND – Individual

COM – Recipient Committee
(other than PTY or SCC)

TH – Other (e.g., business entity)

TY – Political Party

CC – Small Contributor Committee

chedule B – Part 2 pan Guarantors

luben Casarez

E INSTRUCTIONS ON REVERSE ME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars. from _ through Statement covers period 01/01/14 6/30/14 I.D. NUMBER Page S. _DULEB-PART2

Enter on Summary Page, Line 17 only.	Enter on Summary Page, Line 17 only.	4	SUBTOTAL \$			
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	PER ELECTION (IF REQUIRED)		DATE		Пошн	
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	S					
	(IF REQUIRED)		DATE		T PTY	
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c	\$				СОМ	
D.	CALENDAR YEAR		LENDER		GNI	
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0	CALENDAR YEAR	NONE	LENDER	NONE	COM	ONE
BALANCE OUTSTANDING TODATE	CUMULATIVE TODATE	AMOUNT GUARANTEED THIS PERIOD	LOAN	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE	FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)

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Type or printnk.
Amounts may be rounded

	01/01/14	nent covers period	
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onmo	onmonetary Contributions Received		to whole dollars.		Stateme	Statement covers period	riod	CALIFORNIA	460
		83			through	6/30/14		Page 7	90 180 3
MEOFFIL	ME OF FILER							I.D. NUMBER	
Ruben Casarez	Casarez								
DATE	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)	VE TO	PER ELECTION TO DATE (IF REQUIRED)
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		SCC SCC							
		SCC SCC							
ttach additiona	ttach additional information on appropriately labeled continuation sheets	ed continuati	on sheets.	SUBTOTAL \$	L \$	0			

chedule C Summary

*Contributor Codes ent Committee than PTY or SCC) (e.g., business entity) I Party ntributor Committee

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Ruben Casarez

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

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Statement covers period 01/01/14

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through

6/30/14

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

chedule I Summary

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