

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>Jan. 1, 2011</u> through <u>Jun. 30, 2011</u>	Date of election if applicable: (Month, Day, Year)
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Date Stamp FILED	CALIFORNIA FORM 460
REGISTRAR OF VOTE	
AUG 11 2011	Page <u>1</u> of <u>6</u> For Official Use Only
RECEIVED BY:	

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall *(Also Complete Part 5)*
 - General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
 - Primarily Formed Candidate/Officeholder Committee *(Also Complete Part 7)*
 - Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored *(Also Complete Part 6)*

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
1326242

Treasurer(s)

NAME OF TREASURER:
Matt Dessert

Committee to Elect Matt Dessert Director Imperial Irrigation District,
Division 1, 2010

STREET ADDRESS (NO P.O. BOX)
327 Santa Rosa Avenue

CITY El Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE 760-352-3005

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

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

MAILING ADDRESS
327 Santa Rosa Avenue

CITY El Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE 760-352-3005

NAME OF ASSISTANT TREASURER, IF ANY
Jolene Dessert

MAILING ADDRESS

CITY 327 Santa Rosa Avenue STATE CA ZIP CODE 92243 AREA CODE/PHONE 760-352-3005

OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

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

Executed on 08/01/11 Date

By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on 08/01/11 Date

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

Executed on _____ Date

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

Executed on _____ Date

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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Matt Dessert

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Imperial Irrigation District Division 1 Director

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

327 Santa Rosa Ave El Centro CA 92243

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

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES 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?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT
 OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

Statement covers period
from Jan 1, 2011
through Jun. 30, 2011

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FORM **460**
Page 3 of 6
I.D. NUMBER
1326242

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Matt Dessert

Contributions Received

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

Expenditures Made

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 4798.96	
13. Cash Receipts	Column A, Line 3 above 0	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	
15. Cash Payments	Column A, Line 8 above 0	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 4798.96	

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

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

Cash Equivalents and Outstanding Debts

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

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

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

Expenditure Limit Summary for State Candidates

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

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

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

Schedule A Monetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Matt Dessert

Statement covers period
from Jan. 1, 2011
through Jun. 30, 2011

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I.D. NUMBER
1326242

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<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 \$						

Schedule A Summary

- Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) \$ _____ 0
- Amount received this period – unitemized monetary contributions of less than \$100 \$ _____ 0
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **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 B - Part 1
Loans Received**

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

Statement covers period
from Jan. 1, 2011
through Jun. 30, 2011

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SCHEDULE B - PART 1

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Matt Dessert

I.D. NUMBER

1326242

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER ID NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Jolene Dessert 327 Santa Rosa Ave. El Centro CA 92243	spouse	\$ 4405.00	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	0	0	\$	CALENDAR YEAR PER ELECTION**
Matt Dessert 327 Santa Rosa Ave. El Centro CA 92243	self/candidate	\$ 6075.00	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	0	0	\$	CALENDAR YEAR PER ELECTION**
SUBTOTALS \$		\$ 10480.00	\$	\$	\$	\$	\$	

Schedule B Summary

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

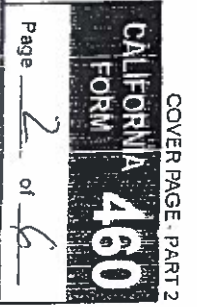
- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract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

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

Type or print in ink.



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Matt Desserf

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Imperial Irrigation District Division 1 Director

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
327 Santa Rosa Ave, El Centro CA 92243

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

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

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION
 SUPPORT OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Matt Dessert

Statement covers period from July 1, 2011 through Dec 31, 2011

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CALIFORNIA FORM 460

SUMMARY PAGE

Contributions Received

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

Expenditures Made

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

Current Cash Statement

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

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

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

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Date of Election (mmyydd/yy)	Total to Date
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$

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

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

**Schedule A
Monetary Contributions Received**

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

Statement covers period
from July 1, 2011
through Dec 31, 2011

CALIFORNIA
FORM
460

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Math Dessert

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ID NUMBER
1326242

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

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

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

**Schedule B - Part 1
Loans Received**

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

Statement covers period
from July 1, 2011
through Dec 31, 2011

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Matt Dessert

Page 5 of 6
I.D. NUMBER
1326242

FULL NAME STREET ADDRESS AND ZIP CODE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<u>Jolene Dessert</u> <u>327 Santa Rosa Ave</u> <u>ET Centro CA92243</u>		<u>4405.00</u>	<u>0</u>	<input type="checkbox"/> PAID <u>0</u> <input type="checkbox"/> FORGIVEN <u>4405.00</u>	<u>0</u>	<u>0</u>	<u>0</u>	CALENDAR YEAR FEE/LECTION** <u>0</u>
<u>Matt Dessert</u> <u>327 Santa Rosa Ave</u> <u>ET Centro CA92243</u>		<u>6675.00</u>	<u>0</u>	<input type="checkbox"/> PAID <u>0</u> <input type="checkbox"/> FORGIVEN <u>6675.00</u>	<u>0</u>	<u>0</u>	<u>0</u>	CALENDAR YEAR FEE/LECTION** <u>0</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		SUBTOTALS \$		\$	\$	\$	\$	

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

- Loans received this period
(Total Column (b) plus unitemized loans less than \$100.)
\$ 0
- 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.)
\$ 4798.96
- Net change this period. (Subtract Line 2 from Line 1.)
Enter the net here and on the Summary Page, Column A, Line 2.
NET \$ -4798.96

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

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

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Matt Dersse

Statement covers period
from July 1, 2011
through Dec 31, 2011

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I.D. NUMBER

**CALIFORNIA
FORM
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SCHEDULE E

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>(This area is crossed out with a large diagonal line)</i>				
SUBTOTAL \$				

Schedule E Summary

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

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

SEE INSTRUCTIONS ON REVERSE

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

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

Statement covers period
from 01-01-14
through 03-17-14

Date of election if applicable:
(Month, Day, Year)
06-03-14

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

Date Stamp RECEIVED MAY 06 2014 IMPERIAL COUNTY REGISTRAR OF VOTERS	COVER PAGE CALIFORNIA FORM 460
Page _____ of _____	For Official Use Only

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Matt Dessert Impairal Impqthion Distict Director Division 1 2014

I.D. NUMBER 1365855

Treasurer(s)

NAME OF TREASURER
Jelene Dessert

STREET ADDRESS (NO P.O. BOX)
327 Santa Rosa Ave.
CITY El Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS
Wattdessert@rcbletmail.com

MAILING ADDRESS
327 Santa Rosa Ave.
CITY El Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE
NAME OF ASSISTANT TREASURER, IF ANY
Matt Dessert
OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

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

Executed on 3-22-14 Date
By Jelene Dessert Signature of Treasurer or Assistant Treasurer
Executed on 3-22-14 Date
By Matt Dessert Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Matt Dessert

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Imperial Inmate Education District Director Division 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
327 Santa Rosa Ave, El Centro CA 92243

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

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

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Statement covers period from <u>3-18-14</u> through <u>5-17-14</u>		Date Stamp RECEIVED MAY 23 2014	CALIFORNIA FORM 460
Date of election if applicable: <u>June 3, 2014</u> (Month, Day, Year)		IMPERIAL COUNTY REGISTRAR OF VOTERS	Page <u>1</u> of <u>15</u> For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 1365855

Treasurer(s)

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Matt Dessert Imperial
Ingohard District Director Division 1, 2014

NAME OF TREASURER
Jolene Dessert

STREET ADDRESS (NO P.O. BOX)
327 Santa Rosa Avenue
CITY ET Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE 7606043200
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS
327 Santa Rosa Avenue
CITY ET Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE 7606043200
NAME OF ASSISTANT TREASURER, IF ANY
Matt Dessert
MAILING ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS
same
mattdessert@netelnetel.com

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 5-22-14
Date
Executed on 5-22-14
Date
Executed on _____
Date
Executed on _____
Date

By Jolene Dessert
Signature of Treasurer or Assistant Treasurer
By Matt Dessert
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent
By _____
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Math Dessert

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Imperial Irrigation District
Director, Division 1 - 2014

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
327 Santa Rosa Avenue, El Centro CA 92243

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

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

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period from 3-18-14 through 5-17-14

Page 3 of 15

I.D. NUMBER 1365855

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Math Desert

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 24,798	\$ 24,798
2. Loans Received	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 24,798	\$ 24,798
4. Nonmonetary Contributions	Schedule C, Line 3 150	150
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 24,948	\$ 24,948

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

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

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 20,802. ⁰⁹	\$ 20,802. ⁰⁹
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 20,802. ⁰⁹	\$ 20,802. ⁰⁹
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment	Schedule G, Line 3 150	150
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 20,952. ⁰⁹	\$ 20,952. ⁰⁹

Expenditure Limit Summary for State Candidates

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 0	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).
13. Cash Receipts	Column A, Line 3 above \$ 24,798. ⁰⁰	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	
15. Cash Payments	Column A, Line 8 above \$ 20,802. ⁰⁹	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3,995. ⁹¹	

LOAN GUARANTEES RECEIVED

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

Cash Equivalents and Outstanding Debts

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

Schedule A
Monetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Matt Dessert

Statement covers period
from 3-18-14
through 5-17-14

Page 4 of 15
CALIFORNIA
FORM
460
I.D. NUMBER
1365855

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TODAY (IF REQUIRED)
4-11	Five Cedars Marketing, 551 West Alhambra Blvd	<input type="checkbox"/> IND <input type="checkbox"/> COM		2500.00		
4-11	Cumby + Sons Box 1001, Brawley	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OTH	1000.00		
4-11	Solid Rock Ranches	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00		
4-11	Preece Farms	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00		
4-11	Gil Perez 2625 Hamilton, El Centro	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	retired	100.00		
4-14	705M, 8ME, LLC - 2001 Francisco Dr. Ste 140-21, El Dorado Hills	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00		
4-14	Don Emanuel 330 El Centro, Brawley	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Don Emanuel Ranches	350.00		
4-14	Baja Farms, Box 754, Holtville	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
4-16	Jack Bros., Box 116, Brawley	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OTH	3000.00		
4-21	Kuhn Land Leveling, Box 2684, El Centro	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
4-21	Bill Brandt, Box 118, Brawley	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
4-21	Spence Farms 4605 Hwy 111, Brawley	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OTH	1000.00		
4-23	IGEW 555 Capital Hill, Sacramento	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OTH	1000.00		
4-23	Michael B Cox, 249 Andata Pl, Brawley	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
SUBTOTAL \$				12,250		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 23,799.
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 999.
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 24,798.

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

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

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

Statement covers period
from 3-18-14
through 5-17-14

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

Page 5 of 15

NAME OF FILER: Matt Dessert I.D. NUMBER: 1365855

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TODATE <small>(IF REQUIRED)</small>
4-23	Peter Osterkamp Ranches 327 Terrace Circle, Bradley	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OTH	500.00		
4-23	Mark Osterkamp Ranches	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OTH	250.00		
4-23	Horizon Farms Box 298 Holtville	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OTH	50.00		
4-23	Laura Reeves 1122 Orchard Ln, Bradley	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OTH	750.00		
4-23	LK Bingham + Assoc. 1655 W. El Paseo Yuma AZ 85364	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OTH	400.00		
4-23	Tommy Mills 670 West Main, El Centro	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ind - 110 Real Estate Emp.	100.00		
4-25	Mark McBroom 6522 Corn Rd, Calipet	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OTH	500.00		
4-25	Robco Farms, Box 4167 El Centro	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OTH	200.00		
5-2	Havens, 1603 East Main, El Centro	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OTH	100.00		
5-2	Triple I Press 2001 Verde School Rd, Holtville	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OTH	1000.00		
SUBTOTAL \$				4750 -		

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

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

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

Statement covers period
from 3-18-14
through 5-17-14

Page 6 of 15
CALIFORNIA FORM **460**

NAME OF FILER
Math Dessert

I.D. NUMBER
1365855

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)
5-2	Clifford Strahm 1979 Chambers Lane, Holtville CA 92250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - Partner	300.00		
5-3	William R. Plowd Box 46, El Centro CA 92244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self - export	500.00		
5-3	LaBuckhere Produce Box 1420, El Centro CA 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OTHER	1000.00		
5-3	Lomo Family 2801 West Main El Centro CA 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OTH	500.00		
4-15	Westmorland Farming 2205 Westmorland Rd. Imperial CA 92251	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OTH	999.00		
4.10	Math Dessert 327 Santa Rosa, El Centro CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales - Candidate	3500.00		
SUBTOTAL \$				<u>6799.00</u>		

*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 C Nonmonetary Contributions Received

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

SCHEDULE C

CALIFORNIA
FORM
460

Statement covers period
from 3-18-14
through 5-17-14

Page 2 of 15

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Matt Dessert

I.D. NUMBER

1365855

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)
<u>4/1/2014</u>	<u>Mike Abath</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Mike Abath Farms</u>	<u>Hats with Matt Dessert Logo</u> <u>50</u>	<u>\$ 150⁰⁰</u>	<u>\$ 150⁰⁰</u>	<u>\$ 150⁰⁰</u>
		<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 \$							

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ 150⁰⁰
- 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 \$** 150⁰⁰

*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
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

SCHEDULED

CALIFORNIA
 FORM **460**

Statement covers period
 from 3-18
 through 5-17

Page 8 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Math Dessert

I.D. NUMBER
1365855

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)
Mar 2014	Norma Galindo 110 Director, Divisions	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Included Norma Galindo Card in Math Dessert mailer.	\$	\$	\$
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$				<u>\$</u>		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ \$
- Unitemized contributions and independent expenditures made this period of under \$100 \$ \$
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** \$

**Schedule E
Payments Made**

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

Statement covers period
from 3-18
through 5-17

Page 9 of 15

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Math Dessert

ID. NUMBER 1365855

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TL Waggoner School	CVC		75 ⁰⁰
Calipatria Chamber	CVC		250 ⁰⁰
Mana	CTB	Fundraiser Scholarship	300 ⁰⁰
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ <u>625⁰⁰</u>

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 20,202.⁰⁹

2. Unitemized payments made this period of under \$100 CASH for tickets, water, bbs, + \$ 600.⁰⁰

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 20,802.⁰⁹

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

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

SCHEDULE E (CONT.)

Statement covers period
from 3-18
through 5-17

CALIFORNIA
FORM
460
Page 10 of 15

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Math Dessert

I.D. NUMBER
1365855

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Nate Mata Scholarship	CTB		Scholarship	250 ⁰⁰
Imperial Printers	LIT			4572.46
	CMP			
Hothille Women's Club	CVC		Humane Society Fundraiser	200 ⁰⁰
Callexico Chamber	CVC			750 ⁰⁰
Sports International	CMP			500 ⁰⁰

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

SUBTOTAL \$ 6272.46

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

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

SCHL E E (CONT)

Statement covers period
from 3-18
through 5-17

Page 11 of 15

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Math Dessert

I.D. NUMBER
1365855

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Imperial Stores	OFC	Supplies	163 ³⁹
Imperial Valley Press	PRT CTB		2962 ⁵⁰
Corfman School	CTB	8th Grade Class	100 ⁰⁰
Desert Valley High School	CTB	Class Trip	150 ⁰⁰
El Sol Del Valle	PRT		750 ⁰⁰

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

SUBTOTAL \$ 4125.89

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

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

SCH. 460-E (CONT)

Statement covers period
from 3-18
through 5-17

Page 12 of 15

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Mat Dessert

I.D. NUMBER
1365555

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Desert Review</u>	<u>PRT</u>		<u>Web Ads Desert Review</u>	<u>750⁰⁰</u>
<u>Holmle Tribune</u>	<u>PRT</u>			<u>1237⁵⁰</u>
<u>Farm Bureau</u>	<u>CTB</u>		<u>Scholarship</u>	<u>160⁰⁰</u>
<u>Marcos Camargo</u>	<u>SAL</u>			<u>250⁰⁰</u>
<u>Ricardo Servin</u>	<u>SAL</u>			<u>250⁰⁰</u>

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

SUBTOTAL \$ 2647.50

Schedule E
(Continuation Sheet)
Payments Made

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

SCH. E (CONT.)

Statement covers period
 from 3-18
 through 5-17

Page 13 of 15

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

Matt Dessert

I.D. NUMBER
1365855

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Professional Packaging	CMP			3597. ²⁴
KXO Radio	RAD			1620. ⁰⁰
KRDP Radio	RAD			634. ⁰⁰
Wal Mart	OFC		Gift Cards for Brawley Senior Center	180. ⁰⁰
Proyecto Heber	CVC			250. ⁰⁰

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

SUBTOTAL \$ 6281.24

Schedule E
(Continuation Sheet)
Payments Made

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

SCH. LE E (CONT.)

Statement covers period from <u>3-18</u> through <u>5-17</u>	CALIFORNIA FORM 460
Page <u>14</u> of <u>15</u>	I.D. NUMBER <u>1365855</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Math Dessert

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Womenhaven</u>	<u>CVC</u>			<u>200⁰⁰</u>
<u>Secretary of State CA</u>	<u>FIL</u>		<u>Committee Formation Fee</u>	<u>50⁰⁰</u>

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

SUBTOTAL \$ 250

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/273-3772)

Schedule G

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

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

Statement covers period from 3-18-14 through 5-17-14

Page 15 of 15

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Matt Dessert
NAME OF AGENT OR INDEPENDENT CONTRACTOR M.W. Dessert

I.D. NUMBER 1365855

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- FET 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
- TSE 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 PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
M.W. Dessert 1591 Hamilton El Cerrito CA 92224 3	LIT		Payment to Impenial Printers for literature + mailings - M.D. 11D	2500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 2500.00

* 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.

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Statement covers period
from 5-18-14
through 6-30-14

Date of election if applicable:
(Month, Day, Year)
June 3 2014

Date Stamp
RECEIVED
JUL 31 2014
IMPERIAL COUNTY
REGISTRAR OF VOTERS

CALIFORNIA 460
FORM
Page 1 of 8
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall
(Also Complete Part 5)

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)

Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information I.D. NUMBER 1365855

Treasurer(s)

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Matt Dessert Imperial
Imperial District Director Division 1, 2014

NAME OF TREASURER
Jolene Dessert

STREET ADDRESS (NO P.O. BOX)
327 Santa Rosa Avenue

CITY El Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE 760604

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
3200

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

MAILING ADDRESS
327 Santa Rosa Avenue

CITY El Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE 7609965426

NAME OF ASSISTANT TREASURER, IF ANY
Matt Dessert

MAILING ADDRESS
327 Santa Rosa Avenue

CITY El Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE 7606043200

OPTIONAL: FAX / E-MAIL ADDRESS _____

4. Verification

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

Executed on 7-31-14 Date
 Executed on 7-31-14 Date
 Executed on _____ Date
 Executed on _____ Date

By Jolene Dessert
 Signature of Treasurer or Assistant Treasurer

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

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

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

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Matt DeSseert

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE):
Imperial Irrigation District
Director Division 1, 2014

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
327 Santa Rosa Avenue, El Centro CA 92243

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE: ~~_____~~

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT: ~~_____~~

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

Attach continuation sheets if necessary

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period
from 5-18-14
through 6-30-14

CALIFORNIA
FORM
460
Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Math Dessert

I.D. NUMBER
1365855

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)
5/13/14	KEVIN GRIZLE 1395 BONDS CORNER RD HOLHILLE CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.-		
5/16/14	Black Dog BOX 57 HOLHILLE CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50.-		
5/23/14	Plumbers and Steam Fitting Local Union No. 230 PAC 6313 Naver Ridge, San Diego CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.-		
5/13/14	SoCal Pipe Trades Dist. Council # 15 501 Shatto Place Los Angeles CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		256.-		
5/26/14	Brandy Farms, Inc. Box 845 Sealeys CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.-		
SUBTOTAL \$				1550.-		

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals) \$ 3800.-
2. Amount received this period - unitemized monetary contributions of less than \$100 \$ 723.-
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 4523.-

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
 from 5-18-14
 through 6-30-14

Page 5 of 8

I.D. NUMBER
1365855

NAME OF FILER
Matt DesserA

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)
5/21/14	Paul Cameron Box 1 Bradley CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.-		
5/30/14	18EW Local 47 PAC 600 N. Diamond Bar Blvd Diamond Bar CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.-		
5/20/14	Development + Design Engineers El Centro CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.-		
5/12/14	Kuhn Land Leveling El Centro CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.-	1600.-	
5/30/14	Pacific Premier - PAC	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.-		
SUBTOTAL \$				2250.-		

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

**Schedule E
Payments Made**

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

Statement covers period
from 5-18-14
through 6-30-14

Page 6 of 8

**CALIFORNIA
FORM 460**

I.D. NUMBER
1365855

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Math Dessert

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Brauley Pop Warner</u>	<u>CVC</u>	<u>ticket donation/donated fundraiser</u>	<u>200.⁰⁰</u>
<u>Martin Redondo</u>	<u>CVC</u>	<u>—</u>	<u>250.⁰⁰</u>
<u>Seeley Community Library/School</u>	<u>CVC</u>	<u>—</u>	<u>250.⁰⁰</u>
SUBTOTALS			<u>700-</u>

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 5213.98
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 5213.98**

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

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

Statement covers period
from 5-18-14
through 6-30-14

**CALIFORNIA
FORM 460**

SCHEDULE E (CONT)

Page 7 of 8

ID NUMBER
1365855

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Math Deseer

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Imperial Valley Press</u>	<u>PRT</u>		<u>Ads</u>	<u>1,665.18</u>
<u>El Sol del Valle</u>	<u>PRT</u>		<u>Ads</u>	<u>472.-</u>
<u>Jefferson Elementary</u>	<u>CVC</u>		<u>_____</u>	<u>225.-</u>
<u>Ricardo Serrin</u>	<u>SAL</u>		<u>_____</u>	<u>300.-</u>
<u>Brooks Hamby</u>	<u>SAL</u>		<u>_____</u>	<u>250.-</u>

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

SUBTOTAL \$ 2312.18

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

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

SCHEDULE E (CONT)

Statement covers period
from 5-18-14
through 6-30-14

**CALIFORNIA
FORM 460**

Page 8 of 8

I.D. NUMBER
1365855

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Matt Dessert

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Dores	CVC	Fundraiser	500.
Valley Women	PRT	Ad.	785.
Driscolls	CMP	Hat embroidery	280. ⁰⁰
Imperial Irrigation District	CMP	hats ++ shirts	636.

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

SUBTOTAL \$ 2201.80