FPPC Toli-Free Helpline: 866/ASK-FPPC (866/276-3772) State of California	lî-Free Helpline	FPPC To	•			
		Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	Date	Executed on
		Measure Proponent	Signature of Confrolling Officeholder, Candidate, State Measure Proponent	Ву	Date	Executed on
	of Sponsor	ent or Responsible Officer	Signature of Confrolling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	By Signature of Control	Date	
•		asurer	ature of Treasurer or As	Ву	Date	
		7	Cur //e Mari		08/01/11	Executed on (
Irue and complete. I certify	d schedules is	n and in the attache	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 cohect.	stalement and to the best of my knov the foregoing is true and cohrect.	Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of under penalty of perjury under the laws of the State of California that the foregoing is true and co	 Verification I have used all reasonable dilige under penalty of perjury under the
		SS	OPTIONAL: FAX / E-MAIL ADDRESS			
760-352-3005	92243	CA	entro			OPTIONAL: FAX / E-MAIL ADDRESS
			327 Santa Rosa Aveune	AREA CODE/PHONE	STATE ZIP CODE	CITY
			MAILING ADDRESS		T) NO. AND STREET OR P.O. BOX	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET
		7	Joiene Dessert	760-352-3005		El Centro
760-352-3005	92243	CA CA	El Centro	AREA CODE/PHONE	STATE ZIP CODE	CITY SAINA HOSA AVENUE
AREA CODE/PHONE	ZIP CODE	STATE				STREET ADDRESS (NO P.O. BOX)
			327 Santa Rosa Avenue			OTTOTOTO AND TO A DO T
			MAILING ADDRESS	rrigation District,	Confinitiee to Elect Matt Dessen Director Imperial Irrigation District, Division 1, 2010	Division 1, 2010
			NAME OF TREASURER		TES NAME IF NO COMMITTEE)	Committee to Tiest Man Description of COMMITTEE
			Treasurer(s)	1326242	132	3. Committee Information
				Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)		Small Contributor Committee O Political Party/Central Committee
Statement - Attach Form 495	Statemen	low)	Amendment (Explain below)	(Also Complete Part 6)]	General Purpose Committee
Supplemental Preelection	Supplem	mination)	(Also file a Form 410 Termination)	Sponsored	:00	(Also Complete Part 5)
Quarterly Statement	☐ Quarterh		Preelection Statement Semi-annual Statement	Primarily Formed Ballot Measure Committee Controlled		 Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall
			2. Type of Statement:	ete Parts 1, 2, 3, and 4.	Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	1. Type of Recipient Com
	RECEIVED BY:	RECEI		through Jun. 30, 2011	t	SEE INSTRUCTIONS ON REVERSE
For Official Use Only		AUG 1 1 2011	Date of election if applicable: (Month, Day, Year)	Statement covers period Jan. 1,2011	fe	
FORM	OFVOTE	REGISTRAR OF VOTE			0-84216.5)	(Government Code Sections 84200-84216.5)
NIA.		Date Stamp FILED	п.	Type or print in lnk		Campaign Statement
COVER PAGE						Recipient Committee

Page 2	CALIFORNIA FORM
of 6	460

	Attach continuation sheets if necessary	Attach continuatio	ODE AREA CODE/PHONE	STATE ZIP CODE	СІТҮ
OPPOSE				STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?		NAME OF TABASOREX
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE			
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	I.D. NUMBER		COMMITTEE NAME
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	n 	STREET ADDRESS (NO P.O. BOX)	CITY COMMITTEE ADDRESS
t names of	eholder Committee List	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?		NAME OF TREASURER
			I.D. NUMBER		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY	OFFICE SOUGHT OR HELD	tement: List any committees or are primarily formed to receive ididacy.	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committee not included in this state contributions or make e
	OPONENT	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			
roponent, if any.	ndidate, or state measure pi	Identify the controlling officeholder, candidate, or state measure proponent, if any.		⁄e El Cent	327 Santa Rosa Ave
			CITY STATE ZIP	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	RESIDENTIAL/BUSINESS /
OPPOSE				Imperial Irrigation District Division 1 Director	Imperial Irrigation E
SUPPORT		BALLOT NO. OR LETTER JURISDICTION	T NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELI
					Matt Dessert
		NAME OF BALLOT MEASURE		R OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	Committee	6. Primarily Formed Ballot Measure Committee	ittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Ca

Campaign Disclosure Statement Summary Page

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

Statement covers period Jan 1,2011

CALIFORNIA FORM

S
≊
₹
岩
\approx
Ti.
ŏ
\sim

	from	0011-1-1-1-1	CINE
SEE INSTRUCTIONS ON REVERSE	through	Jun. 30, 2011	Page 3 of 6
NAME OF FILER			LD. NUMBER
Matt Dessert			1326242
Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDARYEAR TOTAL TO DATE	Calendar Year Summary for Candidate Running in Both the State Primary and General Elections	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Monetary Contributions Schedule A. Line 3 \$0	0	1/1 th	1/1 through 6/30 7/1 to Date
1 3	0	20. Contributions	A
Nonmonetary Contributions		nditures	
5. TOTAL CONTRIBUTIONS RECEIVED	\$	Made \$	45
Expenditures Made Schedule E, Line 4 \$ 0	\$ 0	Expenditure Limit Summary for State Candidates	ummary for State
7. Loans Made	0	22. Cumulative	Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3 10. Nonmonetary Adjustment	0 0	Date of Election (mm/dd/yy)	Total to Date
11. TOTALEXPENDITURES MADE	\$ 0		⇔
Statement Balance Previous Summary Page, Line 16 \$ 4798.96	To calculate Column B. add		€9
14. Miscellaneous Increases to Cash	corresponding amounts from Column B of your last report. Some amounts in Column A may be repositive	*Amounts in this section m reported in Column B.	Amounts in this section may be different from amounts reported in Column B.
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.	figures that should be subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$0	a da		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse \$0	from Lines 2, 7, and 9 (if any).		
Outst		FPPC Toll-Free Helplin	FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Monetary Contributions Received Schedule A

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

SCHEDULE A

Monetary C	Monetary Contributions Received	to whole	to whole dollars.	Statement covers period from Jan. 1,2011	it covers period Jan. 1,2011	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	S ON REVERSE			<u>g</u>	Jun. 30, 2011	Page of 6
NAME OF FILER						MBER
Matt Dessert	, 					1326242
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	DATE PER ELECTION AR TODATE 31) (IF REQUIRED)
		O PTY				
		OTH SCC				
		OPTY				
		OCC SCC				
		OSCC				
			SUBTOTAL\$			
Schedule A Summary 1. Amount received this peri (Include all Schedule A su	chedule A Summary Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		€9	0	*Contri IND - Ir COM -	*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC)
Amount rece Total moneta	Amount received this period – unitemized monetary contributions of less than \$100\$100	of less than \$1	00\$	0	OTH -	OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee
3. Iotal moneta	total monetary contributions received this period.			•	SCC-	SCC - Small Contributor Committee

0

L S

Type or print in ink.

S
SCHEDULE B - PART
83
PA
RT 1

Schedule B - Part 1	Amo	Amounts may be rounded to whole dollars.	unded		Statement covers period Jan. 1.2011	2011	CALIFORNIA	460
					through Jun. 3	Jun. 30, 2011	Page	£ 57
NAME OF FILER							I.D. NUMBER	
Matt Dessert							1326242	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER 10, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (#SELF-EMPLOYED, ENTER NAMEOF BUSINESS)	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	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Johns Dessert	spouse			D PAID				CALENDAR YEAR
327 Santa Rosa Ave. El Centro CA 92243				S FORGIVEN		RATE		PER ELECTION**
TIZN IND □ COM □ OTH □ PTY □ SCC		\$ 4405.00	es		DATE DUE		DATE INCURRED	
	self/candidate			PAID				CALENDAR YEAR
327 Santa Rosa Ave. El Centro CA 92243				5 FORGIVEN		RATE		S PERELECTION **
TO THE TOP TO SECOND TO SE		\$ 6075.00			DATE DUE	\$	DATE INCURRED	
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION **
TO IND COM OTH PTY Scc		5		\$	DATE DUE		DATE INCURRED	Š
1		SUBTOTALS \$	\$	10480.00 \$		\$		
Sobolilo B Summani		_				(Enter (e) on Schedule E, Line 3)		

Schedule B Summary

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

€

0

ယ	5
Net change this period. (Subtract Line 2 from Line 1.)	 Loans paid or forgiven this period
€9	€

_	$\overline{}$
** If required.	*Amounts forgiven or paid by another party also must be reported on Schedule
l	9
İ	pai
	à
l	2
l	0
l	er
	party
	ther party also r
	mus:
ı	t be
	reporte
	0 p
	nS
	숝
	dule

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

0

(May be a negative number)

0

Schedule E (Continuation Payments M.

Type or print in link		SCHEDULE E (CONT.)
Ontinuation Sheet) Amounts may be rounded	Statement covers period	CALIFORNIA
yments Made to whole dollars.	from Jan. 1,2011	FORM 400
INSTRUCTIONS ON REVERSE	through Jun. 30, 2011	
E OF FILER		
Ast Descer		I.D. NUMBER
		1326242
DES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the navment	de. Otherwise describe the navment	
Campaign parachematic misc	to entermoe, accorde inc payment	

0	SUBTOTAL \$	SUE	ie D.	nmarized on Schedu	Payments that are contributions or independent expenditures must also be summarized on Schedule D.
AMOUNT PAID		DESCRIPTION OF PAYMENT	OR	CODE	NAME AND ADDRESS OF PAYEE (IF COMNITTEE ALSO ENTER LD, NUMBER)
ts me candidate/sponsor ∍-mail)	costs duction costs d meals and meals s of the sam	Otherwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travet, lodging, and meals TRS staff/spouse travet, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	er the code.	payment, you may enter member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messiprofessional services (legal, print ads	describes the MBR MTG OFC POL POL POL POL POL POL PATO PRO PRO PRO PRO PRO PRO PRO PRO PRO PR
BER 12	1.D. NUMBER 1326242				Matt Dessert
of L	Page (through Jun. 30, 2011			SEE INSTRUCTIONS ON REVERSE NAME OF FILER

4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of negritive under penalty of perjury under the laws of the State of California that the foregoing is true executed on 2 - 1 - 2 Executed on 2 - 1 - 2 Executed on 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	STATE ZIP CODE OPTIONAL: FAX I E-MAIL ADDRESS COmmittee NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO PO. BOX) STATE ZIP CODE OPTIONAL: FAX I E-MAIL ADDRESS OPTIONAL: FAX I E-MAIL ADDRESS	1. Type of Recipient Committee: All Committees— Officeholder, Candidate Confrolled Committee Ostate Candidate Election Committee O Recall (Also Complise Part 5) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)
y knowledge the informa and church. Signature of Controlling Chicanal Signature of Controlling Chicanal Signature of Controlling Chicanal	Treasurer(s Thitche Thitche AREA CODE/PHONE OPTIONAL: I'A	All Committees - Complete Parts 1, 2, 3, and 4. Omnittee Ballot Measure Committee Preelection Statement Semi-annual Statement Semi-annual Statement Termination Statement Americantitee Americantitiee Americantitie	Statement covers period from $\frac{\int \mathcal{U} \left(\frac{1}{201} \right)}{\int \mathcal{U} \left(\frac{1}{201} \right)}$ Date of election if applicable: through $\frac{\partial \mathcal{U}}{\partial \mathcal{U}} \left(\frac{31}{201} \right)$
urer or Assistant Treesurer The Author of Sponsor The Candidate, State Measure Proporent FPPC Toll-Free Helpline: 885/ASK-FPPC State of California	SURFER Desser FANY STATE ZIP CODE AREA CODE PHONE STATE ZIP CODE STATE ZIP CODE AREA CODE PHONE STATE ZIP CODE AREA CODE PHONE STATE ZIP CODE AREA CODE PHONE AREA CODE PHONE TO TREASURER, IF ANY STATE ZIP CODE AREA CODE PHONE TO TREASURER, IF ANY ATTENNAL ADDRESS XI E-MAIL ADDRESS XI E-MAIL ADDRESS	nt: ment Special Odd-Year Report ment Supplemental Preelection Statement - Attach Form 495	REGISTRAR OF VOTERS AUG 2 3 2012 Page of of RECEIVEDBY:

CITY STATE ZIP CODE	COMMITTEE ADDRESS STREET ADDRESS (NO PO BOX)	NAME OF TREASURER CONTROL	MITTEENAME	COMMITTEE ADDRESS (NO PC. BOX)	NAME OF TREASURER CONTROL	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. CCMMITTEENAME	Related Committees Not Included in this Statement: 115 miles and 1801 of the Statemen	Matt Dessert OFFICE SOUGHT OF HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) MURE MAIL (Magahium District NUMBER IF APPLICABLE)	5. Officeholder or Candidate Controlled Committee
AREA CODENHONE Attach continuation sheets if necessary	NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF OFFICEHOLDER OR CAUDIDATE		LEDCOMMITTEE? 7.	arily formed to receive OFFICE SOUGHT OR HELD BER	STATE ZIP Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER. CANDIDATE OF PROPONENT	Director	6. Ballot Measure Committee
THEORY If DECESSARY	OFFICE SCUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD SLEPORT OFFICE	OFFICE SOUGHT OR HELD SUPYORT OFFICE	nes of officeholder(s) or candidate(s) for	DISTRICT NO IF ANY	ate, or state measure proponent, if any.	Support Capost	

Campaign Disclosure Statement Summary Page

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

00021 721	1101 JW 4 7011	Statement covers period	
PERSONAL PRINCIPLE AND ADDRESS OF THE PERSONAL PRINCIPLE AND ADDRESS O	FORM 4:00	CALIFORNIA	SUMMARY PAGE

Cash Equivalents	17 LOAN GUARANTEES RECEIVED	ENDING CASH BALANCE	13. Cash Receipts	Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _	11. TOTAL EXPENDITURES MADE	10. Nonmonetary Adjustment Schedule C, Line 3	SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$	Made	TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ _	Nonmonetary Contributions Schedule C. Line 3	Schedule B, Line 3	Contributions Received (FG 1. Monetary Contributions	Mall Dessert	SEE INSTRUCTIONS ON REVERSE
8		•	9 12 3 12 Lh	95.86 Lh					26861h-		95.8 61.11-	FROMATTACHED SCHEDULES)	embelle sammelluminuserumin estantenum presentation prese	
any).	ine first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if	Column A may be negative figures that should be subtracted from previous period amounts. If this is	arrounts in Column A to the corresponding arrounts from Column B of your last report. Some amounts in	To calculate Column B. add	9		69	49	\$	49		COLUMN B CALENDAR YEAR TOTAL TODATE	AND THE PROPERTY OF THE PLANT AND	through
FPPC Toll-Free Helpline: 866(ASK-FPPC	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.	\$ 5	\$	SA	\$	Date of Election Total to Date (mm/dd/yy)	22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)	Expenditure Limit Summary for State Candidates	Made \$ 5		1/1 through 6/30 7/1 to Date	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	7 12 9 2 5 1	through Lec 31, COLL Page 5 of 6

Monetary Contribu Schedule A

230 m	utions Received
	lype or print in ink. Amounts may be rounded to whole dollars.
through Dec 31, 2011	statement covers period from JUJy 1, 261
Page 4 of 6	CALIFORNIA 460

						DATE	NAME OF FILER	SEE INSTRUCTIONS ON REVERSE
						FULL NAME, STREET ADDRÉSS AND ZIP CODE OF CONTRIBUTOR	Malt Dessert	IS ON REVERSE
	DOUND SCC	OSC OT PIT OF OR O	OSCC OSC	DSCC DIND	SCC SCO	CONTRIBUTOR CODE *		
SUBTOTALS						IF AN INDIVIDUAL ENTER COCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER HAME OF BUSINESS)		
<i>S</i>	/					AMOUNT RECEIVED THIS PERIOD		inrough in Color
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	7. E. l 13. Z	Page _
						FER ELECTION TO DATE (IF REQUEED)	3.59545 3.26245	01 10

Schedule A Summary

- 2. Amount received this period unitemized contributions of less than \$100\$ 1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)
- Total monetary contributions received this period.

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

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Lo Sc

Type or print in ink.

- 1	
Carry.	
À	
<u>F</u>	9
Ź.	SCHEDULE
	ULE
7.4	B . P/
	ART 1

NET \$	2. Loans paid or forgiven this period	1. Loans received this period		67	TO NO COM COTH C PTY C SCC S S S S DATEBUE S S DATEBUE	S	☐ PAID	SCC SCOTS S S S S S S S S S S S S S S S S S S		JAN LISCO	3 4405 E 4405 D	3 PAID 3 PAID	FULL NAME STREET ADDRESS AND ZIP CODE (IF AN INDIVIDUAL, ENTER OF LENDER) (IF COMMITTEE ALSOENTER ID NUMBEER) (IF COMMITTEE ALSOENTER ID NUMBEER) (IF COMMITTEE ALSOENTER ID NUMBEER) (IF AN INDIVIDUAL, ENTER BEGINNING THIS PERIOD (IF SELF-EMPLOYER BEGINNING THIS PERIOD (IF SELF-EMPLOYER BEGINNING THIS PERIOD (IF COMMITTEE ALSOENTER ID NUMBEER) (IF SELF-EMPLOYER BEGINNING THIS PERIOD (IF SELF-EMPLOYER BEGINNING THIS PERIOD (IF SELF-EMPLOYER BEGINNING THIS PERIOD (IF COMMITTEE ALSOENTER ID NUMBEER) (IF COMMITTEE ALSOENTER ID NUMBEER ID N		SEE INSTRUCTIONS ON REVERSE through De3 201	Loans Received Amounts may be rounded to whole dollars. from JUJ 2011
in-ber)	12 1	0	(Enter (e) on Schedule E. (.ing 3)	67	JE \$	BANE %	er dans	*	PAN W	ı	· ·				281/2el	1312011
	reported on Schedule A.	Amounts forgiven or paid by another party also must be			DATE INCURRED	S FERELECTION **	CALEHDAR YEAR		S - S - S - S - S - S - S - S - S - S -	DATE INCURRED	FERELEXTION**	CALENDAR YEAR	ORIGINAL CUMILLATIVE AMOUNT OF CONTRIBUTIONS LOAN TODATE	1326242	Page_5_ of_6_	FORM 460

† Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC)

OTH -- Other

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	through Dec	from July	Statement c
ō.	31,2011 Page _	12011	Statement covers period OAL
10 NUMBER	9 is 9 is	FORM CASE	SCHEDULE E

NA SERVICE CHECK = E 2. Unitemized payments made this period of under \$100 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. CODES: SEE INSTRUCTIONS ON REVERSE 1 ω Schedule E Summary NAME OF FILER Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)...... Payments made this period of \$100 or more. (Include all Schedule E subtotals.) campaign paraphemalia/misc civic donations contribution (explain nonmonetary) campaign consultants campaign literature and mailings legal defense candidate filing/ballot fees independent expenditure supporting/opposing others (explain) fundraising events If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. NAME AND ADDRÉSS OF PAYEE हुनम् इत्सम्बद् office expenses member communications professional services (legal, accounting) meetings and appearances postage, delivery and messenger services phone banks petition circulating polling and survey research 000 Я DESCRIPTION OF PAYMENT 호육광광투 SAL 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 returned contributions radio sirtime and production costs TOTAL \$ SUBTOTALS AMOUNT PAID

4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my k under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on 3-22-14 Executed on 3-22-14 Executed on Date	NO. AND STREET O	STREET ADDRESS (MO P.O. BOX) STATE ZIP CITY EI GMTNO . STATE ZIP CITY EI GMTNO .	TE'S NAME IF NO COMMITTE	1. Type of Recipient Committee: All Committees— Officeholder, Candidate Controlled Committee State Candidate Election Committee Necall (Also Complete Part 5) General Purpose Committee Sponsored Sponsored Political Party/Central Committee	SEE INSTRUCTIONS ON REVERSE	Recipient Committee Campaign Statement Cover Page Government Code Sections 842200-84216-51	
nowledge the information co	OPTIONAL: FAX / E-MAIL ADDRESS	AREA CODE/PHONE	ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF	Treasurer(s) NAME OF TREASURER TO MAILING ADDRESS 32	All Committees - Complete Parts 1, 2, 3, and 4. Ommittee	Statement covers period Date of election if applicable: (Month, Day, Year) through 03-17-14 56-03-14	Type or print in ink.
n contained herein and in the attached schedules is true and complete. I certify Require or Assistant Frequency Candidate. State Measure Proponent FPPC Tolt-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California	ADDRESS	"	OSSO ANN S	clene Des 7 Santa Ros	inent: Quarterly Statement Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495 (Explain below)	MAY 0 6 2014 Page of For Official Use Only REGISTRAR OF VOTERS	Date Slamp CALIFORNIA 460 CECEIVEI FORM

CALIFORNIA 4(FORM 2 of 2	CALIFO

Ωį	Q1 2	2	0	വ റ	l z	1	01			n /		, S	I
CITY STATE ZIP CODE	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BQX)	WHE DE TREACHED	MITTEE NAME	COMMITTEE ADDRESS (NO P.O. BOX)		j	COMMITTEE NAME	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.	327 Santa Dosa Ave, Ellento CA 922 43	Imperial Image to an District Director DIVISION	My off Desperation of Canadale	Officeholder or Candidate Controlled Committee	
1) YES		I.D. NUMBER		CONTROLLE		I.D. NUMBER	ement: L are primari idacy.	797	(15) c.11		tee	
AREA CODE/PHONE	YES NO		7 37 1 COURT TO 20	ABC A COPT TO THE THE TO THE T	CONTROLLED COMMITTEE?		70	List any committees ily formed to receiv	2 h 2	- APPLICABLE)			
	'	•		1 3		1	ı	nš	ı	I	1	6.	
Attach continuation sheets if necessary	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE				OFFICE SOUGHT OR HELD	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	BALLOT NO. OR LETTER JURISDICTION	SURE	. Primarily Formed Ballot Measure Committee	
sheets if n	DEFICE SOUC	OFFICE SOUC	OFFICE SOUC	OFFICE SOUG	holder Co	•			fidate, or st			Committee	
ecessary	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	mmittee List primarily formed			DISTRICT NO. IF ANY	ate measure pr	00		:	Page 2
	SUPPORT OPPOSE	SUPPORT	SUPPORT OPPOSE	SUPPORT OPPOSE	names of			ANY	roponent, if any.	SUPPORT OPPOSE			of 3

FPPC Form 460 (January/05)	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Executed on Date By Si
	Signature of Controlling Officeholder, Candidate, State Measure Proprinent	Date By
1	Signature of Treasurer of Assistant Treasurer MATH ROLL Signature of Controlling Officer of Sponsor	Executed on 5-22-14 By Signature of Control
s is true and complete. I certify	edge the information contained herein and in the attached schedule:	Inave used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. S-22-14 Executed on 5-22-14 By By Charles in formation contained herein and in the attached schedules is true and complete. I certify
		mattdessert correlational, com
P CODE AREA CODE/PHONE C) Z Z Y 3 7606043200	WALL ADDRESS	OPTIONAL: FAX / E-MAIL ADDRESS
		MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
92243 AREA CODE/PHONE	1700 CA	ET ADDRESS (NO P.O. BOX) 27 Stenta Posa Avenue
•	MAILING ADDRESS 327 Santa Posa Avenue	Committee to Elect patt Dessert Imperal
	Treasurer(s)	3. Committee Information I.D. NUMBER 365855
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	2. Type of Statement: ☑ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. [V] Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Committee Committe
	JUNE 3, 201 REGISTRAR OF VOTERS	SEE INSTRUCTIONS ON REVERSE through 5/17/14
For Official Use Only	Date of election if applicable: MAY 2 3 2014 (Month, Day, Year)	
ORM	RECEIVED	Cover Page (Government Code Sections 84200-84216.5)
CALIFORNIA A CO	k. Date Stamp	Recipient Committee Type or print in ink

Page __

O!	Ol 7	<u>.</u> ;	oll d	מ מי	71	01	00	to . 70		رم ح ا ح	
CITY	COMMITTEE ADDRESS		COMMITTEE NAME	COMMITTEE ADDRESS	NAME OF TREASURER	COMMITTENAME	Related Committee not included in this state contributions or make expensions.	3.27 Santa 1	OFFICE SOUGHT OR HELD (INCLUDE LOC Impernal Imaghan Dist	NAME OF OFFICEHOLDER OR CANDIDATE	
STATE \Z	STREET ADDRESS, (NO P.O. BOX)		SIAIE	(NO			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.	RESIDENTIALIBUSINESS ADDRESS (NO. AND STREET) CITY 3.27 Santa Poss frence, F16 nto	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) TO PERFOR DIVISION (- 2014	NAME OF OFFICEHOLDER OR CANDIDATE Math Dessert	:
ZIP CODE A	CONTROCCED COMMITTEES		II D. NUMBER	1	CONTROLLED COMMITTEE?	I.D. NUMBER	Statement: Lisi ou or are primarily candidacy.		TRICT NUMBER IF A	nmittee	
AREA CODE/PHONE	OOMMITTEE?		AREA COUE/PHONE		COMMITTEE?		t any committees formed to receive	STATE CHIS	PPLICABLE)		
Attach continuation sheets if necessary	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOL	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOL	NAME OF OFFICEHOLDER OR CANBIDATE OFFICE SOL	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOL	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	BALLOT NO. OR LETTER JURISDICTION	6. Primarily Formed Ballot Measure Committee	
necessary	OFFICE SOUGHT, OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	ommittee List namis primarily formed.	-	DISTRICT NO. IF ANY	state measure propor	☐ SUPPORT	e	
	SUPPORT OPPOSE	SUPPORT	SUPPORT OPPOSE	SUPPORT OPPOSE	es of			ent, if any.	ORT SE		

Summary Page Campaign Disclosure Statement

NAME OF FILER

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

from . through _ Statement covers period 3-18-14 11-11-5 Page _ 1.D. NUMBER M SUMMARY PAGE <u>으</u>,

FPPC Toil-Free Heloline: 866/ASK-FPPC (866/275-3;		. Add Line 2 + Line 9 in Column B above \$ C	19. Outstanding Debts
		tanding Debts See instructions on reverse \$	Cash Equivalents and Outstanding 18. Cash Equivalents
	the first report being filed for this calendar year, only carry over the amounts	Schedule B, Part 2 \$	17. LOAN GUARANTEES RECEIVED
	figures that should be subtracted from previous period amounts. If this is	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3,995.91	ALANCEion statement, Li
*Amounts in this section may be different from amounts reported in Column B.	corresponding amounts from Column B of your last report. Some amounts in		14. Miscellaneous Increases to Cash 15. Cash Payments
\$	To calculate Column B, add amounts in Column A to the	Previous Summary Page, Line 16 \$ 0	Current Cash Statement 12. Beginning Cash Balance
	100 256 02. S		10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date	\$ 20802 05	Schedule H. Line 3 Add Lines 6+7 \$ 20,80269 Schedule F. Line 3	8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills)
Expenditure Limit Summary for State Candidates	\$ 20802 cq	Schedule E, Line 4 \$ 20,802.	\times
21. Expenditures Made \$\$	\$ 24,948	ED Add Lines 3+4 \$ 24948	5. TOTAL CONTRIBUTIONS RECEIVED
20. Contributions Received \$ \$	8 64,42		
1/1 through 6/30 7/1 to Date	\$ 1100	-	Monetary Contributions Loans Received
Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) 24.798	Ö
1.D. NUMBER 1365855		er+	MaH Dessert

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

Schedule A Monetary Contributions Received

NAME OF FILER

Dessert

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period

CALIFORNIA

SCHEDULE A

through 5-17-14 from K1-8-E

Page _ 258

I.D. NUMBER FORM

		4-23 4:	4-23 118E	4-21 Spn	H-21 B:11	4-21 Kuh	4-16 - Jac	4-14 - Baj.	1	H-14 - 70:	4-11 - 16:1	1	4-11 - 5011	1	4-11 - Fix	EIVED
		Michael B Cox. 249 Andonta Pl, Brandy	IBEW 555 Capital Hill, Sacramento	Sprace Forms 4605 Hwg,111, Brawley	B; 11 Brandt, Box 118, Brawley	Kuhn Land Leveling Box 2684, Ellentre	Jack Bios., Box 116, Brawley	Baju Farms, Box 784, 1/to/thille	DONE Franciell 330 Flamb, Barley	SM, SME, LLC -2001 Franciscop.	Gil Perez 2625 Hamilton, Florto -	Freece tarms	Solid Lock Canches	Cumier + Sons Box 1001, Brawley	Fire Crowns Marketing, 551 West Main Bally	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERID, NUMBER) CODE *
		□SC VEQUE	OND COM	□□RO SC YIE	COM	SCC	3 3	3 8 8 8	□SCC Jad			Scc	□ PTY			CONTRIBUTOR CODE *
	SUBTOTAL\$	OTH		077		-	0TH		lud Don Emanuelli Pachos		retired			0TH		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
)	L\$ 12 250 T	500.00	000.00	1000.00	500.VO	500,00	3000.00	500,00	350.00	400,00	100.00	750,00	50,00	1000.00	00.0052	AMOUNT RECEIVED THIS PERIOD
1	1									53		£	83			CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
Carlo County Service Control C																PER ELECTION TODATE (IF REQUIRED)

Schedule A Summary

- Amount received this period itemized monetary contributions. (Include all Schedule A subtotals.)
- 2. Amount received this period unitemized monetary contributions of less than \$100 ... \$79
- 3. Total monetary contributions received this period.

*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

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

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

NAME OF FILER

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

SCHEDULE A (CONT.)

from. through_ Statement covers period 5-17-14 718-16 Page 5 CALIFORNIA 460 I.D. NUMBER 1365855

*ijg		4750-	SUBTOTAL\$ 4-			
		1 600, 00	OTH	□SCC ALA PLY	Triple 1 Press 2001 Verde School Rel.	52
		as :ma!		□ com	Havens, 603 East Mein, Ellento	5,2
		200,00		SCC	Robic Garms, BOX4167 Ellentro	4-25
		500.00	071		Mark McBroom 6522 Com Rd,	4.25
		100,00	Ind - 110 Real Estate Emp.	SCC	Tommy Hills 670 West Alain, Ellentro	4-02
		400,00	OTH	DOTH MO	LK Bingham + Assoc. 1655 W. El Pasec	
		750.00	013	□ PTY	Lanua Reeves 1172 Orchard Ln., Brawley	y-23
		50,00	417×		Honzen Farms Box 298 Holtville	4-23
	•	250,00	ô†(+		Mark Oster Lamp Raches	4-23
		500,00		□ IND	Reterosterkamp Randos	4-23
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, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	DATE RECEIVED
136 5855	1.D. NUMBER				Matt Dessert	NAME OF THE

*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.

through 5-/7-/4 from_ Statement covers period 3-18-14 Page 6 1365855 CALIFORNIA 460 I.D. NUMBER SCHEDULE A (CONT.)

新年 1000 1000 1000 1000 1000 1000 1000 10		\$ 6,799.	\$TVIOLUS			
		3500 re	Sales-Candidak	OSCC ON PTY	matt Dessert 327 Santaless, ETGentro 0792293	
		999,00	OTH	□ PTY SCC	Westmorland Farming 2205 Westmorland Rd. Imperat CFA 9:2251	7 ~
		500.w	OTH	DOD DING	bono Family 2801 West Main ETGento CA 92243	2,3
		1000,00	OTHER	□PTY □SCC	La Bruchene Produce Box 1420, FT Contro	5-3
		500, w	self-export	V IND ND NIND	William R. Plourd Box 46, Ellento-	5,3
		300,00	self - farmer	□COM □COM □PTY	Clifford Strakm 1979 Chambers Lane, Holtwille Cit	5-2
PER ELECTION EAR 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, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	DATE RECEIVED
1.D. NUMBER 136 5855					Matt Dessert	NAME OF FILER

*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

Nonmonetary Contributions Received Schedule C

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

Statement covers period

W 11814

from.

CALIFORNIA 460 SCHEDULE C

Page _ I.D. NUMBER FORM 으

NAME OF FILER Attach additional information on appropriately labeled continuation sheets. SEE INSTRUCTIONS ON REVERSE RECEIVED DATE 12014 Math Dessert Mike Abat FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE * OSS□ ALd□ HLO□ COM OSC PARAMETER PROPERTY OF THE □PTY □OTH COM □scc PTY IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS) Mile Hoath taxes Foto pit DESCRIPTION OF GOODS OR SERVICES Maith Dessert 6 SUBTOTAL \$ 20 through. AMOUNT/ FAIR MARKET 1500 VALUE トレイトの \$15000 DATE CALENDAR YEAR (JAN 1 - DEC 31) CUMULATIVE TO 365850 (IF REQUIRED) PER ELECTION TO DATE

Schedule C Summary

	n	د
	֡֜֝֜֝֜֜֜֜֝֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	
	2	
	Ξ	3
	č	_
	=	ļ
	-	3
	ö	Ś
	9	2.
	2	5
	ë	Ĺ
	=	=
	-	÷
-	c	3
	σ	2
	_	3.
	č	Ĺ,
	בסבור מכמולמה בוש במוכם 1	
	_	
- 3	Ξ	-
1	Œ	2
- :	Ξ	} -
- !	_	1
- 1	ä	Ĺ
:		,
	9	
:	=	į
i	ō	í
- 3	2	
- (-
	1	ï
7		
ò	ö	
	7	
;	=	-
ì	_	
3	Ξ	÷
- 3	5	
9	n	
9	2	
ò	D	7
Ş	ñ	
-	_	-
ē	7	7
-	5	
•	1	}
ē		
•	Ē	•
:		
:		
:		
-		
:		

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

712 9		
	7,5%	>
	SCC Small Contributor Committee	PTY - Political Party

P

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

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

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and C

Type or print in ink.

SCHEDULE D

Supporting/Opposit Candidates, Measur	Supporting/Opposing Other Candidates, Measures and Committees see instructions on reverse	Amounts may be rounded to whole dollars.		from 3-18 through 5-17	period	CALIFORNIA FORM	460 of 15
NAME OF FILER	Matt Dessert				W.	1.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)	TO DATE YEAR C. 31)	PER ELECTION TO DATE (IF REQUIRED)
May 2014	Norma Galindo 1110 Director, Divisions	Monetary Contribution Monmonetary Contribution	Included Norma Galind Cord in Matt Dessert	4.	Φ		6
	Support Doppose	Expenditure	mailer.				
		☐ Monetary Contribution ☐ Nonmonetary Contribution					
	☐ Support ☐ Oppose	Expenditure			20		
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent					
	☐ Support ☐ Oppose	Expenditure					
			SUBTOTAL \$	ф			

Schedule D Summary

₹
Ĭ.
ize
temized co
Š
=
ŭ
9
S
Ĭ
<u>=</u>
idepend
pe
g
en en
e
ğ
pendi
Ē
S =
ă
ē
es made this _l
ğ
<u></u>
ğ
$\widehat{\Xi}$
은
ĕ
e all S
Sch
≍
nedu
ā
Ö
subto
₫
<u>8</u>
ت
:
:
i

- 2. Unitemized contributions and independent expenditures made this period of under \$100\$

P

Ø φ

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		Mana CTB Fundraiser Scholars	Calipatria Chamber CVC	TL Waggoner School CVC	NAME AND ADDRESS OF PAYEE (FCOMMITTEE, ALSO ENTER I.D. NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, you may enter the code. Otherwise the payment, you may enter the communications. SAL campaign work office expenses SAL campaign work	Matt Dessert	SEE INSTRUCTIONS ON REVERSE through 5-17	Schedule E Amounts may be rounded to whole dollars. Type or print In ink. Statement cover to whole dollars. Statement cover to whole dollars.	
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100		Fundraiser Scholarship			DESCRIPTION OF PAYMENT	Otherwi		5-17	itement covers period	
\$ 20,202,09	SUBTOTALS 625 00	3000	25000	75°°	AMOUNT PAID	sts tion costs neals the same candidate/sponsor	1362822	Page 0 of 5	CALIFORNIA 460	

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period

SCHEUULE E (CONT.)

from through n 1.D. NUMBER 138855 CALIFORNIA , Page 10 앜

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. CODES: If one of the following codes accurately describes the Sports International Holtville Women's Club Calexico Chamber Imperial Printers Nate Mata Scholarship campaign paraphernalia/misc. civic donations contribution (explain nonmonetary); campaign literature and mailings independent expenditure supporting/opposing others (explain) legal defense fundraising events candidate filing/ballot fees Ma H Desser NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) payment, you may enter the code. Otherwise, describe the payment. office expenses polling and survey research postage, delivery and messenger services professional services (legal, accounting) meetings and appearances member communications phone banks petition circulating CMP CYC 77 CODE CTB CVC 잁 Humane Society Fundraiser Scholarship DESCRIPTION OF PAYMENT Information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs campaign workers' salaries returned contributions radio airtime and production costs SUBTOTAL \$ 500 200 2500 6 AMOUNT PAID S 0 0

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period

through_

CALIFORNIA FORM LE E (CONT.

Page 1 I.D. NUMBER 36885

of 15

TEG TRAPECTER CARE CODES: If one of the following codes accurately describes the Payments that are contributions or independent expenditures must also be summarized on Schedule D. St Sol Del Valle Imperial Valley Fress Desert Valley High School Corfman School IMPERIA Stores campaign paraphernalia/misc campaign literature and mailings civic donations contribution (explain nonmonetary)* campaign consultants independent expenditure supporting/opposing others (explain)* candidate filing/ballot fees legal defense fundraising events Mat Dessert NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 면 문 민 문 민 문 민 문 다 문 payment, you may enter the code. Otherwise, member communications meetings and appearances office expenses postage, delivery and messenger services professional services (legal, accounting) petition circulating print ads polling and survey research phone banks 070 CTB P 27 PRT CODE CTB ဝ္ဂ supplies Class Trip 8th Grade Class DESCRIPTION OF PAYMENT describe the payment voter registration transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals information technology costs (internet, e-mail staff/spouse travel, lodging, and meals t.v. or cable airtime and production costs radio airtime and production costs campaign workers' salaries returned contributions SUBTOTAL \$ 4 296250 00 00 AMOUNT PAID 6 125,80 8

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

SCHL LEE (CONT.)

	through 5-17	Statement covers period $3 - 18$
1.D. NUMBER 1365855	Page 12 of 15	CALIFORNIA 460

FPPC Form 460 (January/05)	FPPC FC		
2647,50	SUBTOTAL \$	Schedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D
250 8		SAL	Ricardo Servin
250 ~		SAL	Marcos Camargo
16000	Scholarship	CTB	Farm Bureau
1237 50		PRT	to the Toloune
75000	Web Ads Desert Review	PRT	Desert Review
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE [IF COMMITTEE, ALSO ENTER LD. NUMBER)
s ne candidate/sponsor	er the code. Otherwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL l.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals enger services TSF transfer between committees of the same candidate/sponsor, accounting) VOT voter registration VEB information technology costs (internet, e-mail)	payment, you may enter the code member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting) print ads	CODES: If one of the following codes accurately describes the payment, you recompared to the following codes accurately describes the payment, you recomplete 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)* IND independent expenditure supporting/opposing others (explain)* PNO postage, delivery PRO professional services processional servic
1365855	I.D. NUMBER		Matt Dessert

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

Statement covers period

SCH LE E (CONT.)

from_ through. 8)-6 CALIFORNIA FORM Page 13 1.D. NUMBER 1.21.5855 460

FPPC Form 460 (January/05) 66/ASK-FPPC (866/275-3772)	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)		
TALS 6281,24	SUBTOTAL \$	nmarized on Schedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
2500		CVC	Proyecto Heber
180 00	Gift Cards for Brawley Senior Center	OFC	Wal Mart
634 w		R AD	KROP Radio
1620 00		RAD	KXO Radio
3597.24		CMP	Professional Fackaging
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
s on costs als meals the same candidate/sponsor	er the code. Otherwise, describe the payment. RAD radio airlime and production costs RED returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor, accounting) VOT voter registration WEB information technology costs (internet, e-mail)	payment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	CODES: If one of the following codes accurately describes the ICNP campaign paraphernalia/misc. CNS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* POS LEG legal defense LIT campaign literature and mailings
10. NUMBER 1365855	1.0		NAME OF FILER Matt Dessert
rage or			SEE INSTRUCTIONS ON REVERSE

Schedule E Payments Made (Continuation Sheet)

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

from 3-18 Statement covers period

CALIFORNIA

SCHL LEE (CONT.)

Page | 4 I.D. NUMBER 1365855

through 5-1

250	SUBTOTAL \$	chedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
			. To
50	Committee Farmation Fee	7	Secretary of State CA
200 ~		CVC	Momenhaven
AMOUNT PAID	R DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)
ne candidate/sponso	payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs meetings and appearances office expenses SAL campaign workers' salaries petition circulating phone banks polling and survey research postage, delivery and messenger services postage, delivery and messenger services porofessional services (legal, accounting) WEB information technology costs (internet, e-mail)	payment, you may ente member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess porfessional services (legal print ads	CODES: If one of the following codes accurately describes the payment, you may ent campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messured print ads PRT print ads
365855	I.D. NUMBER		Mat Dessert
of L	Page 1		SEE INSTRUCTIONS ON REVERSE

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

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

from_ Statement covers period 718-1X

CALIFORNIA FORM CHEDULEG

Page_ I.D. NUMBER

through 5-17-1 V

365855

Mat Jesset

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

NAME OF AGENT OR INDEPENDENT CONTRACTOR M. W. Dessert

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

contribution (explain nonmonetary)* 유 MG 易 office expenses meetings and appearances member communications

independent expenditure supporting/opposing others (explain)* 凸 phone banks petition circulating

P P

civic donations

campaign consultants

candidate filing/ballot fees

fundraising events

8

campaign literature and mailings

legal defense

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

print ads

returned contributions radio airtime and production costs

SAL P t.v. or cable airtime and production costs campaign workers' salaries

支柱활절투 transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals

information technology costs (internet, e-mail) voter registration

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	717	Payment to	750000
ElCartro CA92243			V 000
		₫.	
Attach additional information on appropriately labeled continuation sheets.		TOTAL* \$	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.

EDDO FORM ARO (labella política)	le Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent		Date
1			Ву	Executed on
	Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, Sta		296
			Ву	Executed on
ı	Measure Proponent or Responsible Officer of Spansor	Signature of Controlling Officeholder, Candidate, State Measure Prop		Date
	asurer	Mark Christian Assistant reasurer	P	Executed on 7-31-14
I			Ву	Executed on
is not and complete. I centry	# and in the allection schedules		ornia that the foregoing is true and correct.	under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
		dodge the information contained because	aing this statement and to the heat of my boar	4. Verification
	• • •			
45643 160604370c	OF	OPTIONAL FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS
E AREA CODE/PHONE	STATE		ZIP CODE AREA CODE/PHONE	CITY STATE ZIP
14220	2534 /	MAILING ADDRESS	320 ₀	,
	essert	H D	243 760	EN TO
CY3 160776376	TREASURER, IF ANY	NAME OF ASSISTANT TREASURES	ZIP CODE AREA CODE/PHONE	STATE
· /	STATE ZIP COI	CITY TO CASE TO	the silve	STREET ADDRESS (NO P.O. BOX)
Tretre	Santa Posa x	7	4.02 (1.11.014	
	ne Dessext	Jolene	Direct Dessert Imperial	I might and istaict Director Disco
		NAME OF TREASURER		COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE
		Treasurer(s)	I.D. NUMBER 13 25XCC	3. Committee Information
			(Also Complete Part 7)	O Political Party/Central Committee
			Primarily Formed Candidate/ Officeholder Committee	Small Contributor Committee
ent - Attach Form 495		Amendment (Explain below)	(Also Complete Part 6)	☐ General Purpose Commiltee
Supplemental Preelection			○ Controlled Sponsored	(Also Complete Part 5)
Quarterly Statement	Quarter	Preelection Statement Semi-annual Statement	Primarily Formed Ballot Measure Committee	Officeholder, Candidate Controlled Committee O State Candidate Election Committee
		2. Type of Statement:	- Complete Parts 1, 2, 3, and 4.	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
	IMPERIAL COUNTY REGISTRAR OF VOTERS	June 3, 2014	through 6-30-14	SEE INSTRUCTIONS ON REVERSE
For Official Use Only	JUL 3 1 2014	Date of election if applicable: (Month, Day, Year)	Statement covers period	
_	RECEIVED			(Government Code Sections 84200-84216.5)
FORM 400				Cover Page
CALIFORNIA A CO	Date Slamp	ink.	Type or print in ink	Recipient Committee Campaign Statement

Officeholder

Page ____

CITY STATE ZIP CODE	STREET ADDRESS (NO P.O. BOX	NAME OF TREASURER SONTRO	COMMITTEE NAME I.D. NUMBER	(NO	NAME OF TREASURER CONTROLI	T.C. NOWIGE	not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committees Not Included in this Statement: List any committees	327 Santa Dosa Amonuc, El Contro CA 92243	Imperial in action District NUMBER IF APPLICABLE) DIRECTOR DIVISION 1, 2014	Matt De SSert	Officeholder or Candidate Controlled Committee
ARBA CODE/PHONE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SONTROLLED COMMITTEE?	AREA CODEFFICAR		CONTROLLED COMMITTEE?	6 17 2	narily formed to receive	List any committees	STATE ZIP 3	R IF APPLICABLE)		
Attach continuatio	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	7. Primarily Formed Candidate/Officeholder Committee List officeholder(s) or candidate(s) for which this committee is primarily formed.		OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Identify the controlling officeholder, cal	BALLOT NO. OR LETTER JURISDICTION	NAME OF BALLOT MEASURE	6. Primarily Formed Ballot Measure Committee
Attach continuation sheets if necessary	OFFICE SQUGHT OR HELD	SFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	OFFICE SOUGHT OR HELD	Candidate/Officeholder Committee List names of date(s) for which this committee is primarily formed.		DISTRICT NO. IF ANY	ORONENT	ng officeholder, candidate, or state measure proponent, if any.	2		Committee
	SUPPORT	□ SUPPORT □ OPPOSE	SUPPORT OPPOSE	SUPPORT OPPOSE	t names of d.		ANY		roponent, if any.	SUPPORT OPPOSE		

Monetary Contribution Schedule A O

Type or print in ink.
Amounts may be rounded

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE	SEE INSTRUCTIONS ON REVERSE	tov	to whole dollars.	through 6-30-14		CALIFORNIA 460 FORM Page U of 8
NAME OF FILER	Mat Dessert				<u>-</u>	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	Kenh Grizzle 1395 Bonds Corner Rd Holtwille CA	□SCC □PTY □PTY		500.		
5/16/14	Black Dog Box 57 Holtmille CA	O PTY		.o.'		
5/23/14	Plumbers and Steamfithing Local Union No. 230 PAC 6313 Nancy Plage 15a, Digget	□ SCC		2501		
5/13/14	- W	□ IND □ COM □ PTY □ SCC		256.		
5/26/14	Brundy Farms, Inc. Box 845 Seeley CA	OPTY SCC		500.7		
			SUBTOTAL\$	18507		

Schedule A Summary

•		-
o Amount received this period — unitermited monotony contributions of los	(Include all Schedule A subtotals.)	r. Amount received this period – itemized monetary contributions.

Total monetary contributions received this period.

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ \$ 3800.

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

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

Monetary Cont Schedule A (Continuation Sheet)

NAME OF FILER

- 106 1000		
I.D. NUMBER		\$55.A
Page S of S	through 6-30-14	
FORM	from O T & TY	
CALIFORNIA ASO	to whole dollars.	Ilbations Necelved
SCHEDULE A (CONT.)	Type or print in ink.	fributions Descived

	5/30/14	4/2/13	6/20/N	h/36/5	1	DATE
	Acific Premier-PAC	Kuhn Land Leveling El Centro CA	Development Design Engineony El Contro CA	1BEW Local 47 PAC 600 N. Diamond Bar Blud Diamond Bar CA	Paul Cameron Box1 Brawly CA	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID. NUMBER)
		ODDOD SCALA	DSCC OSC	SCC	OCC OCC	CONTRIBUTOR CODE *
SUBTOTAL\$ 2250						IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
2250	250	500.	250	1000,	250.	AMOUNT RECEIVED THIS PERIOD
		(600)				CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
						PER ELECTION TO DATE (IF REQUIRED)

*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

2. Unitemized payments made this period of under \$100	Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Seeley Community Librarry/School	Martin Redondo	Bravley Pop Warner	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	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 donalions CVC civic donalions CVC civic donalions CNS campaign nonmonetary)* CVC civic donalions CVC civic donalions CNS campaign nonmonetary)* CVC civic donalions CNS campaign nonmonetary)* CVC civic donalions CNS campaign nonmonetary)* CVC civic donalions CNS candidate filings and appearances CNS candidate filings and appearances CVC civic donalions CNS campaign nonmonetary)* CVC civic donalions CVC civic donalions CNS candidate filings and appearances CVC civic donalions CVC civic donalions CNS candidate filings and appearances CNS candidate filings and survey research CNS phone banks CNS phone banks CNS postage, delivery and messenger services CNS campaign workers' salari CAL campaign workers' salari CAL campaign workers' salari Candidate travel, lodging, TRS staff/spouse travel, lodgir Matt Dessert	SEE INSTRUCTIONS ON REVERSE	Schedule E Payments Made	
\$100ount from Schedule B, Part 1, Column (e	Schedule E subtotals.)	enditures must also be summarized on Sci	ry/school CVC	CVC	cie	IR) CODE OR	y describes 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			Type or print in ink. Amounts may be rounded to whole dollars.
		edule D. SUBTOTAL\$			ficket donation/donated	DESCRIPTION OF PAYMENT	r the code. Otherwise, describe the payment. RAD radio airlime and production costs RED returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals	1.1	through 6-30-14 Page	Statement covers period C, from 5-18-(4
9 9	\$ 5213,98	AL\$ 706	25000	25000	700.18	AMOUNTPAID	costs is e same candidate/sponsor net, e-mail)	1365855	ge 6 of S	CALIFORNIA 460

Matt

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

SCHEDULE E (CONT.)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, SEE INSTRUCTIONS ON REVERSE NAME OF FILER)esseA from. through. Statement covers period H-81-5 6-30-14 CALIFORNIA I.D. NUMBER Page 7 of 8 FORM 1365855 460

S1218 \$ 18101818	SUBTOTAL \$	d on Schedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	* Paymei
250.		SAL	Brooks Hamby	Ð
300		SAL	Ricardo Servin	N
225.		CVC	Jefferson Elementary	6
472.	Ads	PRT	El Sul dei Valle	\mathcal{Z}
1,065,18	Ads .	PRT	Imperial Valley Press	lm
AMOUNTPAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	
sme candidate/sponsor	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 TRS transfer between committees of the same candidate/sponsor voter registration VOT voter registration WEB information technology costs (Internet, e-mail)	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	campaign paraphernalia/misc. MBR member commonation materially materials meetings and contribution (explain nonmonetary)* civic donations meetings and office expendivided filing/ballot fees fundraising events fundraising events independent expenditure supporting/opposing others (explain)* POS postage, deliveral meetings materials and postage, deliveral meetings meeting and spenditure supporting/opposing others (explain)* PRO professional print ads	CNS CONS CONS CONS CONS CONS CONS CONS C

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Matt Dessert

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

Statement covers period

CALIFORNIA 460

through 6-30-14

Page 8 of 8

1.D.NUMBER 01.0

SUBTOTALS 2201.80	SUBTOTAL \$	ized on Schedule D.	*Payments that are contributions or independent expenditures must also be summarized on Schedule D.
636.		CMT	
i	hats ++ shirts	O ov. J	Imperial Imigation District
1		()	
280 30	Hat embrodery	\$ 5	Driscolls
785	Ad.	PRT	Valley Women
500	Fundraiser	CVC	Dores
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)
is me candidale/sponsor e-mail)		phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	/ballot fees PHO Phits POL Ppenditure supporting/opposing others (explain)* PRO PRO PRT
	RAD RED SAL	member communications meetings and appearances office expenses netting circulation	compaign consultants ATG contribution (explain nonmonetary)* Civic donations PET
	iter the code. Otherwise, describe the payment.	payment, you may enter the code	ving codes accurately describes the