

**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 1-1-14
through 3-17-14

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

Date Stamp
RECEIVED
MAY 09 2014
IMPERIAL COUNTY
REGISTRAR OF VOTERS

**CALIFORNIA
FORM 460**

OVER PAGE

Page 1 of 3

For Official Use Only

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

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

2. Type of Statement:

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

3. Committee Information

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

Committee to Re-Elect James C. Hawks 2014

I.D. NUMBER

1366111

Treasurer(s)

NAME OF TREASURER

JAMES C. HAWKS

MAILING ADDRESS

4003 North Rio Vista Road

CITY

Beavley

STATE

Ca.

ZIP CODE

92227

AREA CODE/PHONE

760-344-3405

STREET ADDRESS (NO P.O. BOX)

4003 North Rio Vista Road

CITY

Beavley

STATE

Ca.

ZIP CODE

92227

AREA CODE/PHONE

760-344-3405

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

MAILING ADDRESS

4003 North Rio Vista Road

CITY

Beavley

STATE

Ca

ZIP CODE

92227

AREA CODE/PHONE

760-344-3405

OPTIONAL: FAX / E-MAIL ADDRESS

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 MAY 8, 2014

By

MAY 8, 2014

[Signature]
Signature of Treasurer or Assistant Treasurer

Executed on _____

By

Executed on _____

By

Signature of Controlling Officer/Candidate, State Measure Proponent

Signature of Controlling Officer/Candidate, State Measure Proponent

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

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in Ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
JAMES C. HARKS
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
DIRECTOR, Imperial Irrigation District, Division 3
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
4603 North Rio Vista Road, Bendley, Ca. 92227

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?

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

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

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

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

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

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

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

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

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 1-1-14
through 3-17-14

**CALLIFORNIA
FORM 460**

Page 3 of 3
I.D. NUMBER

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 4 \$ _____	\$ _____
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 C, 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 4 _____	_____
15. Cash Payments	Column A, Line 9 above _____	_____
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ _____	\$ _____

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

19. Outstanding Debts

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

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

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

20. Contributions Received \$ _____

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.

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 03-08-14
through 05-17-14

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

June 3, 2014

RECEIVED

MAY 22 2014

IMPERIAL COUNTY
REGISTRAR OF VOTERS

CALIFORNIA
FORM 460

Page 1 of 6

For Official Use Only

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

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

2. Type of Statement:

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

3. Committee Information

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

Committee to Re-Elect James C Hawks

I.D. NUMBER 1366111

NAME OF TREASURER

JAMES C HAWKS

MAILING ADDRESS

4403 N. Rio Vista Road

CITY Beauley STATE Ca. ZIP CODE 92227 AREA CODE/PHONE 760-344-3605

NAME OF ASSISTANT TREASURER, IF ANY

Leticia Hawks

MAILING ADDRESS

4403 N. Rio Vista Rd

CITY Beauley STATE Ca. ZIP CODE 92227 AREA CODE/PHONE 760-344-3605

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 May 22, 2014 Date

Executed on May 23, 2014 Date

Executed on _____ Date

Executed on _____ Date

By Sotiria Hawks Signature of Treasurer or Assistant Treasurer

By James C Hawks Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

James C. Hawks

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

Director, Imperial Irrigation District Division 3

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

4403 Albert Rio Vista Road Brawley Ca 92227

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.

SUMMARY PAGE

CALIFORNIA
FORM
460

Statement covers period
from 03-08-14
through 05-17-14

Page 3 of 6

I.D. NUMBER
1366111

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>2,700</u>	\$ <u>2,700</u>
2. Loans Received	Schedule B, Line 3 <u>-0-</u>	<u>-0-</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>2,700</u>	\$ <u>2,700</u>
4. Nonmonetary Contributions	Schedule C, Line 3 <u>-0-</u>	<u>-0-</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>2,700</u>	\$ <u>2,700</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 <u>742.79</u>	\$ <u>742.79</u>
7. Loans Made	Schedule H, Line 3 <u>-0-</u>	<u>-0-</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>742.79</u>	\$ <u>742.79</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 <u>-0-</u>	<u>-0-</u>
10. Nonmonetary Adjustment	Schedule G, Line 3 <u>-0-</u>	<u>-0-</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>742.79</u>	\$ <u>742.79</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>-0-</u>	
13. Cash Receipts	Column A, Line 3 above <u>2,700</u>	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 <u>-0-</u>	
15. Cash Payments	Column A, Line 8 above <u>742.79</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>1957.21</u>	

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ _____
18. Cash Equivalents	See instructions on reverse \$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ _____

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

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

Expenditure Limit Summary for State
Candidates

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

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

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

Schedule A
Monetary Contributions Received

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

Statement covers period
from 03-08-14
through 05-17-14

CALIFORNIA
FORM **460**

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER
1366111

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)
3-11	HAPPY VALLEY RANCH 4603 N. RIDLISTA RD. BEAULIEY, CA 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000 ⁰⁰	1,000 ⁰⁰	
3-11	CHARLES J. HOSKLEN DEBRA S. HOSKLEN 1996 Chamber Ln. Holtville, Ca. 92250 - 9530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Solar Project MANAGER / SUN PEAK	500 ⁰⁰	500 ⁰⁰	
3-27	SUN PEAK Solar LLC 73-185 Highway 111 PALM DESERT, Ca. 92260	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
4-9	Michael Frank's Livestock P.O. Box 927 Beauliey, Ca. 92227	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200 ⁰⁰	200 ⁰⁰	
4-10	A.M. DESERT STORM BUNKER 1326 W. 6th STREET P.O. Box 27 Holtville, Ca 92250	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 ⁰⁰	500 ⁰⁰	
SUBTOTAL \$				2,700		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,700
- 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 \$ 2,700

*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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JAMES C HAWKS

Statement covers period
from 03-08-14
through 05-17-14

Page 5 of 6

I.D. NUMBER
1366111

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
5-5-14 Sun Community 1080 Brawley Ave Brawley, Ca. 92227			Bank Account - Service Fees	42.79
5-3-14 American Citizens Club 944 + 851 Brawley, Ca. 92227				150.00
5-16-14 Calexico Chamber of Commerce P.O. Box 948 Calexico, Ca. 92232				250.00
SUBTOTAL \$				442.79

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 742.79
2. Unitemized payments made this period of under \$100 \$ -0-
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 742.79

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

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JAMES C. HANKS

Statement covers period
from 03-08-14
through 05-17-14

Page 6 of 6

I.D. NUMBER
1366111

Sch **CALIFORNIA** LE E (CONT.)
FORM 460

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
5-16-14 Catericio Desert Valley Bandits	CVC			100.00
#103 Catericio, Ca. 92232				
5-16-14 Catericio Chamber of Commerce	CVC			200.00
#104 Catericio, Ca. 92233				

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

SUBTOTAL \$ **300.00**

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

**Recipie . 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>5-18-14</u> through <u>6-30-14</u>	Date of election if applicable: (Month, Day, Year) <u>JUNE 3 2014</u>	Date Stamp RECEIVED JUL 31 2014 IMPERIAL COUNTY REGISTRAR OF VOTERS	Page <u>1</u> of <u>1</u> For Official Use Only
--	---	--	--

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

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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Re-Elect James C. Hawks
for District 2014

Treasurer(s)
James C. Hawks

I.D. NUMBER 1366111

STREET ADDRESS (NO P.O. BOX)
4603 N. Rio Vista Rd

CITY Bearley STATE Ca ZIP CODE 92227 AREA CODE/PHONE 760-344-3605

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

CITY Bearley STATE Ca ZIP CODE 92227 AREA CODE/PHONE 760-344-3605

OPTIONAL: FAX / E-MAIL ADDRESS

NAME OF TREASURER
JAMES C. HAWKS

MAILING ADDRESS
4603 N. Rio Vista Rd

CITY Bearley STATE Ca. ZIP CODE 92227 AREA CODE/PHONE 760-344-3605

NAME OF ASSISTANT TREASURER, IF ANY
LATERIA HAWKS

MAILING ADDRESS
4603 N. Rio Vista Rd

CITY Bearley STATE Ca. ZIP CODE 92227 AREA CODE/PHONE 760-344-3605

OPTIONAL: FAX / E-MAIL ADDRESS (3605)

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 July 31, 2014 By [Signature]
Date Date Signature of Treasurer or Assistant Treasurer

Executed on July 31, 2014 By [Signature]
Date Date Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date _____
Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on _____ Date _____
Signature of Controlling Officer/Candidate, State Measure Proponent

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

**Campaign Disclosure Statement
Summary Page**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Re-Elect James C Hawks for Director 2014

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

Page 3 of 6
I.D. NUMBER
1366111

**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 \$ 1,500	\$ 4,200
2. Loans Received	Schedule B, Line 3 -0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 1,500	\$ 4,200
4. Nonmonetary Contributions	Schedule C, Line 3 -0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 1,500	\$ 4,200

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 3,457 ²¹	\$ 4,200
7. Loans Made	Schedule H, Line 3 -0-	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 3,457 ²¹	\$ 4,200
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 \$ 3,457 ²¹	\$ 4,200

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 1957.21	
13. Cash Receipts	Column A, Line 3 above 1500.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 -0-	
15. Cash Payments	Column A, Line 8 above 3457 ²¹	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ -0-	

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

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

Cash Equivalents and Outstanding Debts

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

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

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

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)		Total to Date
Date of Election (mm/dd/yy)		
	\$	\$

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

**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

CALIFORNIA
FORM **460**

Page 5 of 6

I.D. NUMBER
1366111

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee To Re-Elect James C. Hawks for Director 2014

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
5-30-14 <u>Ricardo Serrano #105</u> <u>Alexis, Ca. 92232</u>	<u>CNS</u>		<u>Repayments for District</u> <u>Chairman's</u>	<u>200.00</u>
6-3-14 <u>DEBBY REVERO #106</u> <u>Beavley, Ca. 92227</u>	<u>PRT</u>		<u>On Line Newspaper Ad</u>	<u>400.00</u>
6-12-14 <u>JERRY GAONA</u>	<u>CMP</u>		<u>Sign Materials, LEASE (greater)</u> <u>Sign Management Fee,</u> <u>LEASE (greater) cost</u>	<u>2,500</u>
SUBTOTAL \$				<u>3,100.00</u>

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 3,457.21
2. Unitemized payments made this period of under \$100 \$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 3,457.21

Sched. E
(Continuation Sheet)
Payments Made

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

SCHE E (CONT)

CALIFORNIA
FORM
460

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

Page 6 of 6
I.D. NUMBER
136611

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Re-Elect James C. Hawks for Director 2014

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

- OMP campaign paraphernalia/misc.
- ONS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot 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 i.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>6-12-14 MEX/USA Youth Sports PO. Box 3954 Calexico, Ca. 92232</i>	<i>CVC</i>		<i>Calexico Youth Basketball</i>	<i>357.21</i>

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

SUBTOTAL \$ 357.21