A. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on MAY 8 3014 Executed on Date By Signature of Controlling Officeholder, Candidate, Cand	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) STREET ADDRESS (NO P.O. BOX) HOS MOCH ROULS STATE ZIP CODE CITY MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY OPTIONAL: FAX I E-MAIL ADDRESS OPTIONAL: FAX I E-MAIL ADDRESS	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. [V] Officeholder, Candidate Controlled Committee Primarily Formed Ballot Me Committee Committee Committee Committee Committee Committee Controlled Controlled Controlled Controlled Also Complete Part 5) [J] General Purpose Committee Primarily Formed Candidat O Sponsored Controlled Committee Committ	Sections 84200-84216.5) ON REVERSE	Recipier Committee Campaign Statement Cover Page
Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate,	Treasurer(s) NAME OF TREASURER NAME OF TREASURER MAILING ADDRESS AREA CODE, PHONE AREA CODE, PHONE AREA CODE, PHONE AREA CODE, PHONE OPTIONAL: FAX I E-M	2. Type of State Preelection Semi-annu (Also file a Lamendmen Lef	Statement covers period (Month, Day, Year) from 1-1-14 through 3-17-14 Tink 3,2014	Type or print in ink.
contained herein and in the attached schedules is true and complete. I certify surer or Assistant Treasurer State Measure Proponent or Responsible Officer of Sponsor Idea. Candidate. State Measure Proponent	MOTH RID USTE SOME AREA CODEIPHON TREASURER, IF ANY THANKS	Statement al Statement To Statement To Statement Form 410 Termination) (Explain below) Cuarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	RECEIVED Page of 3 MAY 0 9 2014 IMPERIAL COUNTY REGISTRAR OF VOTERS	Date Stamp CALIFORNIA 460

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		 - -				
NAME OF OFFICEHOLDER OR CANDIDATE		NAME	NAME OF BALLOT MEASURE			
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Taco Much 140	TOO THE THE MICH TONE TONE OF THE PROPERTY OF		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	ATE, OR PROPONENT		:
Related Committees Not Inclu- not included in this statement that are contributions or make expenditures on	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.		OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	ANY
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NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Prin	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	ned Candidate/Officeholder Committee List i candidate(s) for which this committee is primarily formed	Committee List	names of
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CITY	STATE ZIP CODE AREA CODE/PHONE	26	Attach	Attach continuation sheets if necessary	if necessary	

Summary Page Campaign Disclosure Statement

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

SUMMARY PAGE

	through 3-17-14	Statement covers period from
I.D. NUMBER	Page 3	CALIFORN FORM

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SEE INSTRUCTIONS ON REVERSE

Current Cash Statement 12. Beginning Cash Balance	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 θ + 9 + 10 \$	Column A Column A CALENDAR YEAR 1. Monetary Contributions
Amounts in this section may be different from amount reported in Column B.	Candidates 22. Cumulative Expenditures Made (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) \$	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 \$ \$ 22. Expenditures Made \$ \$ 23. Expenditures Made \$ \$ 24. Expenditures Made \$ \$ 25. Expenditures Made \$ \$ 26. Expenditures Made \$ \$ 27. Expenditures Made \$ \$ 28. Expenditures

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

19. Outstanding Debts Add Line 2+ Line 9 in Column B above

See instructions on reverse

any).

from Lines 2, 7, and 9 (if carry over the amounts the first report being filed period amounts. If this is figures that should be

for this calendar year, only

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

17. LOAN GUARANTEES RECEIVED

Schedule B. Part 2

69

subtracted from previous

16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 15. Cash Payments Column A, Line 8 above

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

neni FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California	State Measure Proponent FPPC Toll-Free H	Signature of Controlling Officeholder, Candidate, State Measure Proponent FPP		Date
	Slate Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	Executed on
dules is true and complete. I certify	rein and in the attached sched Treasurer	of my knowledge the information contained herein and in the attached sched offect. Signature of Treasurer or Assistant Treasurer Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	ing this statement and to the best of my kno nia that the foregoing is true and correct. By Signature of Cor	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. Lectury under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on May 23, 2014 Executed on May 23, 2014 By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
	RESS	OPTIONAL: FAX / EMAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification
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1222) 76 3440	REASURER, IF ANY	NAME OF ASSISTANT	Pol. 760-344-365	ADDRESS (NO P.O. BOX) 13 NORTH RO VISTO. STATE AND/EY AND/EY AND/EY
Appea Consciencial	Hanks o Vista Road	NAME OF TREASURER JAMES MAILING ADDRESS WALLING ADDRESS WALLING ADDRESS MAILING ADDRESS MAILING ADDRESS	JAMES C HANKS	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT COMMITTEE TO RE-ELECT FOR DIRECTOR 2014
		Treasurer(s)	I.D. NUMBER	3. Committee Information
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	ermination)	2. Type of Statement: —Preelection Statement — Semi-annual Statement — Termination Statement (Also file a Form 410 Termination) — Amendment (Explain below)	Somplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 8) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Primarily Formed Ballot Me
	MPERIAL COUNTY	Direction of	through 05 - 17 - 14	SEE INSTRUCTIONS ON REVERSE
For Official Use Only	MAY 22 2014	Date of election if applicable: (Month, Day, Year)	Statement covers period from 03-08-14	(Government Lode Sections 04200-04210.3)
FORNIA	Dale Stamp	nk.	Type or print in ink	Recipie it Committee Campaign Statement Cover Page

COVER PAGE - PART 2

Page 2	CALIFORNIA FORM	40.4
of 6	460	(

eets if necessary	Attach continuation sheets if necessary	Atte	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY
ਨੌਂ	LDER OR CANDIDATE OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR C	CONTROLLED COMMITTEE?	STREET ADDRESS (NO DO RO	NAME OF TREASURER
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der	didate/Officehol	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
		OFFICE SOUGHT OR HELD	tement: List any committees or are primarily formed to receive didacy.	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 Committees not included in this state contributions or make ex
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Summary Page Campaign Disclosure Statement

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

Statement covers period

from 03-08-14

FORM

SUMMARY PAGE

through 05-17-14 1.D. NUMBER
1366111 Page G of 6

from Lines 2, 7, and 9 (if any).	ч	Cash Equivalents and Outstanding Debts 18. Cash Equivalents
the first report being filed for this calendar year, only carry over the amounts	φ	17. LOAN GUARANTEES RECEIVED Schedule B. Parl 2
subtracted from previous period amounts. If this is		nent,
Column A may be negative figures that should be	1957.21	15. Cash Payments Column A, Line 8 above
corresponding amounts from Column B of your last	3	13. Cash Receipts
To calculate Column B, add amounts in Column A to the	2700	Balance Previous
		O
\$ 742.79	\$ 742.79	
00	000	9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3
\$ 242.79	\$ 742.79	7. Loans Made Schedule H. Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7
\$ 742.75	\$ 742.49	Expenditures Made Schedule E. Line 4
\$ 2700	\$ 2,700	4. Nonmonetary Contributions Schedule C. Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4
\$ 2700	\$ 2700	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2
\$ 2,700	\$ 2,700	Monetary Contributions
Column B CALENDAR YEAR TOTALTODATE	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received
Umn B DARYEAR LTODATE 1000 2.79 2.79 2.79 2.79 2.79 2.79 2.79 2.79	Column B Ground Subtracted from Column B Subtracted from Subtracted from Column B Subtracted from Column B Ground Subtracted F	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) 2,700 2,700 2,700 742.79 742.79 742.79 742.79 742.79 742.79

anuary/05) /275-3772)

Schedule A **Monetary Contributions Received**

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

from 03-08-14 Statement covers period

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	JLE A

SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE	·		through 05-17-14	17-14	Page 7 of 6
NAME OF FILER						1.D. NUMBER 1366/11
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	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 AR TO DATE (IF REQUIRED)
3-//	HAPPY VALLEY RANCH 4603 N. RIOUSTE ROS. BRAWLEY, Ca. 97327	MIND COM OTH PTY SCC	*	1000000	1,000000	Ö
3-11	Charles J. HOSKEN DEBRA S. HOSKEN 1996 Chamber L.V. 1996 Chamber L.V. Holdwich L. 9-250-9530	NOTH	Solar Project Manager/son Peak	5000	50000	10
3-27	5UN PEAK SOLAR LLC 73-185 Highway 11 SUITED TALM DESERT, CA. 92260	SCC SOM		500%	52000	10
4-9	Michael FRANKS LIKSTOCK P.O. BOX 907 BRAWLEY, Ca. 93337	DOTH SCC	10	20000	300 %	10
470	A.M. DESERT STORM CONCRE	DSCC	19 90	50000	30000	0
	130138111-1-12	i s	SUBTOTAL\$	2.700		

Schedule A Summary

	-
(Include all Schedule A subtotals)	 Amount received this period – itemized monetary contributions.
	nonetary
	contributions.

2. Amount received this period - uniternized monetary contributions of less than \$100\$100 (III) UITO BIII OCHEUNE A SUDICIAIS.)

*Contributor Codes

IND – Individual
COM – Recipient Committee

0 1

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

Payments Made Schedule E

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

Statement covers period
CALIFORNIA FORM

SEE INSTRUCTIONS ON REVERSE	through	Page O of 6
NAME OF FILER		I.D. NUMBER
JAMES C HANKS		1366/11

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.	6-14 CALEXICO	1 1 1 1 1	5-5-14 SUN COMMUNITY BEAWley (1) 93227	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTERID: NUMBER) CODE	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. CMS campaign consultants CTB contribution (explain nonmonetary)* Civic donations FIL candidate filling/ballot fees FIL candidate fravel, lodging, TRS staff/spouse travel, lodging, TRS staff/spouse travel, lodging, TRS staff/spouse travel, lodging, TRS staff/spouse fravel, lodging, TRS staff/spouse
\$	n Schedule D. SUBTOTAL\$			BANK ACCOUNT - SCEVILE FOCE	OR DESCRIPTION OF PAYMENT	enter the code. Otherwise, describe the payment. RAD radio airtime and production costs ances SAL campalgn workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals arransfer between committees of the same candidate/sponsor (legal, accounting) WEB information technology costs (internet, e-mail)
742.79	5 4427	250.00	80.00	42.79	AMOUNT PAID	ls me candidate/sponsor e-mail)

Payments Made Schedule E (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

from | Statement covers period

CALIFORNIA FORM SCH

LEE (CONT.)

through 05-17-14 03-08-14 1.D. NUMBER Page 6 of 6 460

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			#104 CAUPATONA, CK. 97233	14 CACIA	#103 CALEXIED, Ca. 92232	5-16-14 CALERICO DESERT Valley BANdits	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 e CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member communications MTG meetings and appearanc OFC office expenses PET petition circulating PHO phone banks POL polling and survey reseauch PRO postage, delivery and manual mailings PRO professional services (le
Schedule D.				ala	20	Cuc	CODE C	payment, you may entermember communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads
SUBTOTAL \$							OR DESCRIPTION OF PAYMENT	payment, you may enter the code. Otherwise, describe the payment. RAD radio airline and production costs 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 RFD returned contributions SAL campaign workers salaries t.v. or cable airline and production costs transfer between committees of the same candidate/sponsor VOT voter registration VAEB information technology costs (internet, e-mail)
300	90			3000		10000	AMOUNTPAID	s ne candidate/sponsor mail)

Expire Cultinities Type of Page Province Code Section 84200-843(8.5) Statement Covers parted From Statement: From Statement: State Cardials Statement: Statement: State Cardials Statement: S	Executed on	Executed on Date	I have used all reasonable diligence in preparing and reviewing this statement and to the best of my under penalty of perjury under the laws of the State of California that the foregoing is true and correct the laws of the State of California that the foregoing is true and correct the laws of the State of California that the foregoing is true and correct the laws of the State of California that the foregoing is true and correct the laws of the State of California that the foregoing is true and correct the laws of the State of California that the foregoing is true and correct the laws of the State of California that the foregoing is true and correct the laws of the State of California that the foregoing is true and correct the laws of the State of California that the foregoing is true and correct the laws of the State of California that the foregoing is true and correct the laws of the State of California that the foregoing is true and correct the laws of the State of California that the foregoing is true and correct the laws of the State of California that the foregoing is true and correct the laws of the State of California that the foregoing is true and correct the laws of the State of California that the foregoing is true and correct the laws of the State of California that the foregoing is true and correct the laws of the State of California that the laws of the State of California that the foregoing is true and correct the laws of the State of California that the laws of the State of California that the foregoing is true and correct the laws of the State of California that the foregoing is true and correct the laws of the State of California that the laws of the State of California th	OPTIONAL: FAX / E-MAIL ADDRESS 4. Verification	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		COMMITTEE NAME OF CANDIDATE'S NAME IF NO COMMITTE COMMITTEE TO KE-ELECT FOR DIRECTOR ZOIF	3. Committee Information	1. Type of Reciplent Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Primarily Formed Ballot Me Committee C	SEE INSTRUCTIONS ON REVERSE	(Government Code Sections 04200-04210.3)	Campaign Statement Cover Page
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	Miceholder, Candidate, State Measure Proponent FPPC Form 460 (January) FPPC Form 460 (January)	ddale, State Measure Proponent or Responsible Officer of Sponsor Sinceholder, Candidate, State Measure Proponent	ation contained herein and in the attached schedules is true and complete. I controlled the structure of Treasurer of Trea	AW/ey (4. 92327 760.	O. RIO VISTA PA	ley Exame ZIP CODE	1. Rio L	r(s)	nt	204	JUL 3 1 2014 Page	CALIFORNIA FORM

Campaign Disclosure Statement Summary Page

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

Statement covers period from 5-18-14

CALIFORNIA 460

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)			Outs
	any).	\$	Cash Equivalents and Outstanding Debts 18. Cash Equivalents
	, ര ച	8 20-	17. LOAN GUARANTEES RECEIVED Schedule B. Part 2
	figures that should be subtracted from previous period amounts. If this is the first report being filed		ENDING CASH BALANCE Add Lines 12 + 13 + 1 If this is a termination statement, Line 16 must be zero
*Amounts in this section may be different from amounts reported in Column B.	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative	34572	12. Beginning Cash Balance
€9		100001	Current Cash Statement
\$	\$ 4200	\$ 3,457=	ADEA
Date of Election Total to Date (mm/dd/yy)	101	101	9. Accrued Expenses (Unpaid Bills)Schedule F. Line 3
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	4200	\$ 457 5	7. Loans Made
Expenditure Limit Summary for State Candidates	\$ 4,200	\$ 3,457 21	Expenditures Made 6. Payments Made Schedule E, Line 4
Made \$ \$	\$ 4,200	\$ 1500	ECEIVED
	7,200	1500	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3
1/1 Ihrough 6/30 7/1 to Date	70-	1,500	Monetary Contributions Schedule A, Line 3 Loans Received Schedule B, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	Column B CALENDAR YEAR TOTAL TODATE	COLUMN A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received
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through 6-30-14 Page 3 of 6	through _		SEE INSTRUCTIONS ON REVERSE

Payments Made Schedule E

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

Statement covers period

from 3-18-

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Page 5

NAME OF FILER SEE INSTRUCTIONS ON REVERSE OMMITTER To Re-EZECT JAMES C HANKS FOR IDRECTOR 2014 through 6-30-14 I.D. NUMBER

CVC 6-3-14 Š CAS CAS 몽 Ξ CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment * Payments that are contributions or independent expenditures must also be summarized on Schedule D. EG civic donations campaign consultants campaign paraphernalia/misc contribution (explain nonmonetary); campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain)* candidate filing/ballot fees fundraising events DESCRI KEVIEW #106 Ricardo SERVINO #105 Sepuley, Ca. 92227 Mexico, Ca. 92232 NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 품찁 OFC MTG 8 office expenses meetings and appearances member communications postage, delivery and messenger services petition circulating professional services (legal, accounting) polling and survey research phone banks CNS CODE REFRESIMENTS ON UNE MENSPAPER THE PARTHINS Material DESCRIPTION OF PAYMENT 공 컹 voter registration radio airtime and production costs 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 airlime and production costs campaign workers' salaties returned contributions the DESTINCT SUBTOTAL\$ oot 007 みいのの 3/00 AMOUNT PAID 0

Schedule E Summary Itemized payments made this period. (Include all Schedule E subtotals.)......

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

2. Unitermized payments made this period of under \$100

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

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

TOTAL \$

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Schedu = E Payments Made (Continuation Sheet)

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

from 5-18-14 Statement covers period

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Page 6 100

through 6-30-14

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			6-12-14 MEX/USA York Spects Calexico, Ca. 92232	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. CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees 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 FET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	COMMITTEE TO RE-ELECT JAMES C. HANKS FOR DIRECTOR JOIN	SEE INSTRUCTIONS ON REVERSE
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SUBTOTAL \$			Culexico Youth SASKet bull	OR DESCRIPTION OF PAYMENT	polling and survey research postage, delivery and messenger services (legal, accounting) print ads payment, you may enter the code. Otherwise, describe the payment. RAD radio airlime and production costs returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and production costs phone banks TRS staff/spouse travel, lodging, and meals TRS postage, delivery and messenger services NOT voter registration WEB information technology costs (internet, e-mail)		through C Page Page
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