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FPPC Form 460 (January/05)	late Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву	Executed onDate
1	late Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	ву	Executed on
1	ale Measure Proponent or Responsible Officer of Sponsor	Signature of Controlling Officeholder, Candidate, State Measure Pro		Executed on
s is true and complete. I certify	rein and in the attached schedules	Medge the information contained herein and	ig this statement and to the best of my know ia that the foregoing is true and correct	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 under penalty of perjury under the laws of the State of California that the foregoing is true and correct. By Signalure of Treasurer or Assistant Treasurer
	ESS	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS
DE AREA CODE/PHONE	STATE ZIP CODE	MAILING ADDRESS	CODE AREA CODE/PHONE	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX (L. LENTRO, CALL 92243 CITY STATE ZIP CODE
DE AREA CODE/PHONE	STATE ZIP CODE	ASSISTA	13 760-540-9650 ODE AREA CODE/PHONE	T 170
		NAME OF TREASURER DONALD BROCK MAILING ADDRESS P.D. BOX 498	400EN	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE TO DID A MCFAODEN I ID DIV 1
		Treasurer(s)	I.D. NUMBER	3. Committee Information
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	ation)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4 [3] Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5) General Purpose Committee O Sponsored O Sponsored O Sponsored O Sponsored O Sponsored O Small Contributor Committee O Political Party/Central Committee (Also Complete Part 7)
Constant Con	IMPERIAL COUNTY REGISTRAR OF VOTERS	(MOHEL, Day, real)	trom JAN 1, 2014 through MARLH (7, 2014	SEE INSTRUCTIONS ON REVERSE
Page of	1	Date of election if applicable:	Statement covers period	(Government Code Sections 84200-84216.5)
CALIFORNIA 460	Date Stamp RECENTED	nk.	Type or print in ink	Recipient Committee Campaign Statement

Monetary Co Schedule A ntributions Received

Amounts may be rounded Type or print in ink.

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Monetary (Monetary Contributions Received	Amounts to v	Amounts may be rounded to whole dollars.	Statement covers period from JAM 1, 2014	ers period	CALIFORNI FORM	CALIFORNIA 460
RES NOTE OF TOP	בא איני של איני איני איני איני איני איני איני אינ			through MARCLA 17, 2014	17,2014	Page	of
SEE INSTRUCTIONS ON REVERSE	S ON REVERSOR					I.O. NUMBER	
NAME OF FILER							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 10, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYEO, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
		OSCC OSTA					
		DOTH SCC					
	(by	DOTH SCC		Toro			
		□ IND □ COM □ OTH □ PTY					
		DOTH SCC					
			SUBTOTAL\$	Ф			33
Schedule /	A Summary -				"Cont	*Contributor Codes	

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Total monetary contributions received this period.

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

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

IND - Individual

COM - Recipient Committee

(Include all Schedule A subtotals.)\$

Amount received this period – itemized monetary contributions.

Monetary Contributions Received Schedule A (Continuation Sheet)

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

from_ Statement covers period CALIFORNIA SCHEDULE A (CONT.)

through

Page __

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						DATE RECEIVED	NAME OF FILER
			Ton.			FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	
	OND	OND OCOM OTH OPTY	OSC Y H M	OSCC	DOTH HOSEC	CONTRIBUTOR CODE *	
SUBTOTAL\$						IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	
Ò			None			AMOUNT RECEIVED THIS PERIOD	
		3.5				CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	
							I.D. NUMBER
						PER ELECTION TO DATE (IF REQUIRED)	

*Contributor Codes

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

SCC - Small Contributor Committee

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

statement covers period

through WARCH 17, 2014

CALIFORNIA 460

Page _____ of ___

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SPORTS INTERNATIONAL BANNERS CMP CINSH	CARAFFIK	IMPERIAL COUNTY ELECTION DEPT CAMPINE STATEMENT	IMPERIAL COUNTY ELECTION DEPT	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describes the payment, you may enter the code. Otherwise, describes the payment, you may enter the code. Otherwise, describes the payment, you may enter the code. Otherwise, describes the payment, you may enter the code. Otherwise, describes the payment, you may enter the code. Otherwise, describes the payment, you may enter the code. Otherwise, describes the payment, you may enter the code. Otherwise, describes the payment, you may enter the code. Otherwise, describes the payment, you may enter the code. Otherwise, describes and appearances. RED returned filtrendes supporting/opposing others (explain)* PET petition circulating PHO phone banks PHO phone banks PHO phone banks PHO phone banks PHO polling and survey research TRS staff/spc postage, delivery and messenger services TSF transfer PHO professional services (legal, accounting) LEG legal defense PHO professional services (legal, accounting) NEB member communications RAD radio aix member communications PHO petition circulating PHO phone banks PHO phone banks PHO phone banks PHO phone banks PHO professional services (legal, accounting) NEB member communications PHO professional services (legal, accounting) NEB member communications PHO returned SAL campaign It.v. or circulating PHO phone banks PHO phone
\$ SUBTOTAL	£-	A	₹CK	SCK	ON OF PAYMENT	e, describe the payment. D radio airtime and production costs D returned contributions L campaign workers' salaries L.v. or cable airtime and production costs C candidate travel, lodging, and meals S staff/spouse travel, lodging, and meals T transfer between committees of the same candidate/sponsor roter registration B information technology costs (internet, e-mail)
L\$ 1,193.35	280.00	141.35	300 %	472 00	AMOUNT PAID	osts als same candidate/sponsor t, e-mail)

	le Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву		Date	9	Executed
1	te Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	By	İ	Date		I D
	onent or Responsible Officer of Sponsor	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor		ļ	Daile	gg	<u> </u>
ı	reasurer	MHALL LA Signature of Treasurer or Assistant Treasurer	By Wilda E		05-23-2014 Date	<u> </u>	Executed
is true and complete. I certify	ein and in the attached schedules	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.	Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my known under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	d reviewing this of California that	ence in preparing and the laws of the State o	easonable dilig	Verification
Ť.	ESS	OPTIONAL: FAX / E-MAIL ADDRESS			RESS	(/ E-MAIL ADDRESS	OPTIONAL: FAX /
AREA CODE/PHONE	STATE ZIP CODE	CITY	AREA CODE/PHONE	ZIP CODE	STATE		CITY
		MAILING ADDRESS		OR PO BOX	Same as above	s above	Same as above
	TREASURER, IF ÄNY	🖺	760.540.9650	ZIP CODE 92243	STATE CA		El Centro
AREA CODE/PHON 760.996.0687	STATE ZIP CODE CA 92244					699 Wake Apt 29	699 Wake Apt 29
		PO Box 498				2000	STREET ADDRESS
		Donald E. Brock		,	Committee to Elect Dilda McFadden	to Elect Dile	Committee
		Treasurer(s)	MBER	I.D. NUMBER	Committee Information	Committee Information	3. Committee
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495	ation)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee O Controlled O Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	ittees - Complete Pa Primarity F Committee Control Sponso (Also Complete Officeholde (Also Complete)	Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4 Officeholder, Candidate Controlled Committee	pe of Recipient Committee: A Officeholder, Candidate Controlled Corr Call Recall (Also Complete Part 5) General Purpose Committee Candidate Election Committee	1. Type of Recipie Officeholder, Cau State Candid Recall (Also Complete Part 5) General Purpose Sponsored Small Contrib Political Party
	IMPERIAL COUNTY REGISTRAR OF VOTERS		h	throu		S ON REVERSE	SEE INSTRUCTIONS ON REVERSE
For Official Use Only	MAY 2 3 2014	Date of election if applicable: (Month, Day, Year)	Statement covers period				
FORM 460	RECEIVED	HIP.	Type of print in ann) 200-84216.5)	Statemen Sections 842	Campaign Statement Cover Page Government Code Sections 84200-84216.5)
COVERPAC			Type or print in		(D)	ommitte	Recipient Committee

Recipient Committee	Type or print in ink.		Date Stamp	COVER PAGE
Cover Page (Government Code Sections 84200-84216.5)		,	RECEIVED	FORM 460
	Statement covers period 05-18-2014	Date of election if applicable: (Month, Day, Year)	JUL 2 8 2014	Page of
SEE INSTRUCTIONS ON REVERSE	through 06-30-2014	June 3 2014	REGISTRAR OF VOTERS	
1. Type of Recipient Committee: All Committees - C	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall	Primarily Formed Ballot Measure Committee Controlled		☐ Quar	Quarterly Statement Special Odd-Year Report
	(Also Complete Part 6)	☐ Termination Statement (Also file a Form 410 Termination)		Supplemental Preelection Statement - Attach Form 495
General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee	Amendment (Explain below)		
3. Committee Information	T. TOROLL	Treasurer(s)		
Committee to Elect Dilda McFadden		NAME OF TREASURER Donald E. Brock		
		PO Box 498		20
699 Wake, Apt 29		CITY El Centro	STATE ZIP CODE	DDE AREA CODE/PHONE
CITY STATE ZIP CODE El Centro CA 92243	3 760.540.9650	NAME OF ASSISTANT TREASURER, IF ANY		
Same as above	30x	MAILING ADDRESS		
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	CITY	STATE ZIP CODE	ODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	SS	
 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. 	g this statement and to the best of my know a that the foregoing is true and correct.	vipage the information contained here	in and in the attached schedul	es is true and complete. I certify
Executed on07-28-2014	By	Cl In	5	
Executed on 7.28.2014	By Signature of Control	Signature of Treasurer or Assistant Treasurer Muld Michald en. Signature of Controlling Officer of Sponsor	aasurer inent of Responsible Officer of Sponsor	1
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Stat	Candidate, State Measure Proponent	
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	e Measure Proponers	

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded

Statement covers period CALIFORNIA A CO

INSTRUCTIONS ON REVERSE AE OF FILER Dilda McFadden DES: If one of the following codes accurately describes the campaign paraphemalia/misc. Campaign consultants contribution (explain nonmonetary)* Civic donations candidate filing/ballot fees fundraising events PHC PHC PHC PHC PHC PHC PHC PH	to whole dollars. ayment, you may enter the code. Other member communications meetings and appearances office expenses petition circulating phone banks polling and survey research	ୁ ପ୍ରା	Page of I.D. NUMBER osts osts ction costs meals of meals
campaign paraphemalia/misc. MBr campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense legal defense campaign literature and mailings	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	RAD radio airlime and production costs RFD 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 TSF transfer between committees of the same ca VOT voter registration WEB information technology costs (internet, e-mail)	radio airlime and production costs returned contributions returned contributions t.v. or cable airlime and production costs campaign workers' salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID, NUMBER)	CODE OR DE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Imperial Valley Press 8th Street El Centro, CA 92243	PRT		409.00
hat are contributions or independent expenditures must also	be summarized on Schedule D.	SUBT	SUBTOTAL\$
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)			\$ 409.00
Unitemized payments made this period of under \$100 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	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.)	∋ Summary Page, Column A,	Line 6.)TOTAL	