

**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 <u>JAN 1, 2014</u> through <u>MARCH 17, 2014</u>	Date of election if applicable: (Month, Day, Year)	Date Stamp <b>MAY 09 2014</b> RECEIVED IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM <b>460</b>
		Page _____ of _____ 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 Elect Dilda McFadden  
IID Div 1

Treasurer(s)

NAME OF TREASURER  
Donald Brock  
MAILING ADDRESS  
P.O. Box 498

STREET ADDRESS (NO P.O. BOX)  
699 WAKE APT 2A CA 92243 760-540-9650  
CITY STATE ZIP CODE AREA CODE/PHONE  
SAVILE AS ABOVE  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
EL CENTRO, CALIF 92243  
CITY STATE ZIP CODE AREA CODE/PHONE  
OPTIONAL: FAX / E-MAIL ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY  
MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE  
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 9, 2014  
Date

By Dilda McFadden  
Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_  
Date

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

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officer/Officer, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officer/Officer, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

# Recipient Committee Campaign Statement Cover Page — Part 2

# CALIFORNIA FORM 460

Page \_\_\_\_\_ of \_\_\_\_\_

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_

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

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

**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

# Schedule A Monetary Contributions Received

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

Statement covers period  
from JAN 1, 2014  
through MARCH 17, 2014

**CALIFORNIA  
FORM 460**

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER

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)
	NONE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<u>0</u>		

## Schedule A Summary

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

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period  
from JAN 1, 2014  
through MARCH 17, 2014

CALIFORNIA **460**  
FORM

Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

I.D. NUMBER \_\_\_\_\_

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
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 \$ _____	\$ _____
<b>Expenditures Made</b>		
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 \$ _____	\$ _____
<b>Current Cash Statement</b>		
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 8 above _____	_____
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ _____	\$ _____
<i>If this is a termination statement, Line 16 must be zero.</i>		
17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$ _____	\$ _____
<b>Cash Equivalents and Outstanding Debts</b>		
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 \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

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

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

# Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT)

**CALIFORNIA  
FORM 460**

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER

NAME OF FILER

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)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
	ADONE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		ADONE		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				0		

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

**Instructions for Schedule B – Part 1 Loans Received**

All loans received or outstanding are reported on Schedule B. Loans include monetary loans and amounts drawn on lines of credit.

Report loan guarantors on Schedule B – Part 2. A "guarantor" is a third party that co-signs, endorses, or provides security for a loan, or establishes or provides security for a line of credit. A guarantor is also making a contribution.

When a state candidate guarantees a loan from a commercial lending institution in connection with his or her election, both the lending institution and the candidate are required to be disclosed as the lender.

For each loan of \$100 or more that was received or was outstanding during the reporting period, disclose the lender's name and address. Report the original source of all loans received. E.g., for a loan from a commercial lending institution for which a candidate is personally liable, report the lending institution as the lender.

**Column (a)** – Enter the outstanding loan balance at the beginning of this period (Column (d) of last report). If the loan was received this period, this column will be blank.

**Column (b)** – Enter the amount received from the lender during this reporting period. If this loan was received in a previous reporting period, leave blank.

**Column (c)** – Enter the amount of any reduction of the loan during this reporting period. Check whether the loan was paid or forgiven. When the lender forgives a loan or a third party makes a payment on a loan, also report the lender or third party on Schedule A.

**Column (d)** – Enter the outstanding balance of the loan at the close of this reporting period. Enter the due date, if any.

**Column (e)** – Enter the interest rate and the amount of interest paid on the loan(s) during this reporting period. Interest paid is reported separately from payments made on the loan principal. Interest payments are also transferred to the Schedule E Summary.

**Column (f)** – Enter the original amount of the loan and date received. If this is the first time you are reporting the loan, this will be the same amount reported in Column (b).

**Column (g)** – Enter the cumulative amount of contributions (loans, monetary and nonmonetary contributions) received from the lender during the calendar year covered by this statement. Candidates subject to state contribution limits (or if required by local ordinance) must disclose the cumulative amount received from each contributor during the limitation cycle in addition to the calendar year cumulative amount. (Candidates for elective state office should refer to [FPPC Campaign Disclosure Manual 1.](#))

**Schedule B Summary:**

The Schedule B Summary reflects the "net change" in your loan activity. That is, loan payments made during the period are subtracted from new loans received. When the loan payments number is larger than the amount of new loans received, Line 3 will be a negative figure. For example, if \$200 is paid during the period and only \$100 is received in new loans, report the net change on Line 3 as

"-\$100" or "(\$100)." Be sure to carry this figure to the Summary Page as a negative figure to be subtracted from Summary Page totals.

**Additional Important Information:**

Refer to the Instructions for Schedule A for important information about:

- Contributor Codes
- Contributions from Individuals
- Contributions from Committees
- Intermediaries

A loan received from a commercial lending institution in the normal course of business is reportable on Schedule B but is not considered a contribution. Contributor codes and cumulative amounts (Column (g)) are required only for loans that are contributions.

Refer to the [FPPC Campaign Disclosure Manual](#) for your type of committee for important information about recordkeeping, prohibitions on cash contributions, returning contributions, and more.

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

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

SCHEDULE E (CONT)

Statement covers period  
from JAN 1, 2014  
through MARCH 17, 2014

**CALIFORNIA  
FORM 460**

Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
IMPERIAL COUNTY ELECTION DEPT FILING FEE	FIL		CHECK	472.00
IMPERIAL COUNTY ELECTION DEPT Audit/State Statement	FIL		CHECK	300.00
GRADFIK	OMP		CARD	141.35
SPORTS INTERNATIONAL BANKERS	OMP		CASH	280.00

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

SUBTOTAL \$ 1,193.35







**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 03-18-2014  
through 05-17-2014

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

Date Stamp <b>RECEIVED</b> <b>MAY 23 2014</b> IMPERIAL COUNTY REGISTRAR OF VOTERS	Page _____ of _____ For Official Use Only
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**CALIFORNIA 460  
FORM**

COVER PAGE

**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 Elect Dilda McFadden  
IID Div 1

I.D. NUMBER \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX)  
699 Wake Apt 29

CITY El Centro STATE CA ZIP CODE 92243 AREA CODE/PHONE 760.540.9650

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER  
Donald E. Brock

MAILING ADDRESS  
PO Box 498

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

NAME OF ASSISTANT TREASURER, IF ANY  
El Centro

STATE \_\_\_\_\_ ZIP CODE 92244 AREA CODE/PHONE 760.996.0687

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

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 05-23-2014 Date  
By Dilda D McFadden Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent



# Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 03-18-2014  
through 05-17-2014

Page \_\_\_\_\_ of \_\_\_\_\_

NAME OF FILER  
Dida McFadden

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
** see schedule E continuation **				
<b>SUBTOTAL \$</b>				

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

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 5,086.00
- Unitemized payments made this period of under \$100 ..... \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 5,086.00



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

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

SCHEDULE E (CONT.)

Statement covers period  
from 03-18-2014  
through 05-17-2014

Page      of     

**CALIFORNIA  
FORM  
460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Dilda McFadden

**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/bailot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
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- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
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- 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
Calexico Chamber of Commerce PO Box 948 Calexico, CA 92232		CVA	Mariachi Festival	\$500.00
Imperial Valley Press 8th Street EI Centro, CA 92243	PRT		Advertisement	\$1,150.00
Imperial Valley Press 8th Street EI Centro, CA 92243	PRT		Advertisement	\$1,674.00
Imperial Valley Press 8th Street EI Centro, CA 92243	PRT		Advertisement	\$926.00
Imperial Valley Press 8th Street EI Centro, CA 92243	PRT		Advertisement	\$836.00

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

**SUBTOTAL \$** 5,086.00

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



**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Statement covers period from <u>05-18-2014</u> through <u>06-30-2014</u>	Date of election if applicable: (Month, Day, Year) <u>June 3, 2014</u>	Date Stamp <b>RECEIVED</b> <b>JUL 28 2014</b> IMPERIAL COUNTY REGISTRAR OF VOTERS	<b>CALIFORNIA</b> <b>FORM</b> <b>460</b>
			Page _____ of _____ For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

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

**2. Type of Statement:**

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

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_

Committee to Elect Dilda McFadden  
IID Div 1

STREET ADDRESS (NO P.O. BOX)  
699 Wake, Apt 29

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
EI Centro CA 92243 760.540.9650

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER  
Donald E. Brock

MAILING ADDRESS  
PO Box 498

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
EI Centro CA 92244 760.996.0687

NAME OF ASSISTANT TREASURER, IF ANY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

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 07-28-2014  
Date

Executed on 7-28-2014  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

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

By \_\_\_\_\_  
Signature of Controlling Officer/candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officer/candidate, State Measure Proponent





# Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Dilda McFadden

Statement covers period  
from 05-18-2014  
through 06-30-2014

CALIFORNIA  
FORM  
**460**  
Page \_\_\_\_ of \_\_\_\_  
I.D. NUMBER

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL 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 ENTERED NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Imperial Valley Press 8th Street El Centro, CA 92243	PRT	Advertisement	409.00
<b>SUBTOTAL \$</b>			

\* 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.) ..... \$ 409.00
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 \$** 409.00

