FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California	FPPC 1	Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, St.	.		Executed onDate	
ıI	er of Sponsor	Measure Proponent or Responsible Officer of Sponsor	Controlling OfficeHolder, Candidate, State Measure Proponent or Responsible Controlling Officeholder, Candidate, State Measure Proponent	Signatured		Executed on	
adules is true and complete. I	attached sche	d herein and in the	y knowledge the information contained here and carrect. Quature of Treasurer or Assistant Treasurer	reviewing this statement and to the best of my know State of California that the foregoing is true and common By	and reviewing this the State of Califo	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. By By Qualue of Deasurer or Assistant Treasurer	4.
		ESS	optional: Fax / E-mail address galindo4iid@gmail.com				•1
AREA CODE/PHONE	ZIP CODE	STATE	CITY	AREA CODE/PHONE	ZIP CODE	CITY STATE	
			MAILING ADDRESS		OR P.O. BOX	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	
		TREASURER, IF ANY	ASSISTANT	AREA CODE/PHONE	ZIP CODE	CITY STATE	
AREA CODE/PHONE 760-554-1886	ZIP CODE 92250	STATE CA	CITY Holtville			STREET ADDRESS (NO P.O. BOX)	
			MAILING ADDRESS 1457 East Alamo Road			Holtville, CA 92250	
			Norma Galindo			Norma Sierra Galindo 1457 East Alamo Road	
			Treasurer(s)	To be assigned	To be	3. Committee Information	6.3
				Primarily Formed Candidate/ Officeholder Committee (Also Complete Parl 7)	Primarily Officeho (Also Comp		1
Statement - Attach Form 495	Stateme	elow)	Amendment (Explain below)	Sponsored Complete Part 6)	O Sponsored (Also Complete Part 6)	(Also Complete Part 5) General Purpose Committee	
Quarterly Statement Special Odd-Year Report	Quarterly Special (☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement	Ballot Measure Committee O Primarily Formed Controlled	Ballot Me	Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall	
			2. Type of Statement:	Complete Parts 1, 2, 3, and 4.	nittees – Complete	1. Type of Recipient Committee: All Committees -	
FOI Official Use Only	COUNTY OF VOTERS	IMPERIAL COUNTY REGISTRAR OF VOTERS	June 3, 2014	June 2014	through	SEE INSTRUCTIONS ON REVERSE	l m
Page 1 of 17		JUL 0 3 2014	Date of election if applicable: (Month, Day, Year)	Statement covers period April 2014	from		
FORM	VED	RECEIVED				Cover Page (Government Code Sections 84200-84216.5)	
CALIFORNIA 460	į	Dale Slamp	ink.	Type or print in ink.		Recipient Committee Campaign Statement	
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	Attach continuation sheets if necessary	continuation	Attach	AREA CODE/PHONE	ZIP CODE	STATE	СПУ	
OPPOSE					[STREET ADDRESS (NO PO BOX)	COMMITTEE ADDRESS	
SUPPORT	OFFICE SOUGHT OR HELD	NDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?	CONT		NAME OF TREASURER	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE					
SUPPORT OPPOSE				D NUMBER	1.D. V		COMMITTEE NAME	
	OFFICE SOUGHT OR HEID	NDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	AREA CODE/PHONE	ZIP CODE	STATE	CITY	
OPPOSE	IID Director Dist 5		Norma Sierra Galindo					
SI IPPORT	OFFICE SOUGHT OR HELD	NDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE		NO P.O. BOX)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS	
andidate(s) for	names of officenoider(s) or ca	fly formed.	which this committee is primarily formed.	CONTROLLED COMMITTEE?	CONT		NAME OF TREASURER	
			7 Drimarik Formad Comm	I.C. NOMBER			N/A	
				1000	-		COMMITTEE NAME	
ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	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.	this Stateme thy you or are p your candidacy	s Not included in t ment that are controlled penditures on behalf of	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 receiv contributions or make expenditures on behalf of your candidacy.	
	OPONENT	NDATE, OR PRO	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		ļ			
proponent, if any.	didate, or state measure p	eholder, can	Identify the controlling officeholder, candidate, or state measure proponent, if any.	CA 92250	Holtville	ad	1457 East Alamo Road	
				STATE ZIP	ET) CITY	DDRESS (NO. AND STREET)	RESIDENTIAL/BUSINESS ADDRESS	
OPPOSE						σı	IID Director Division 5	
SUPPORT		JURISDICTION	BALLOT NO. OR LETTER	ER IF APPLICABLE)	D DISTRICT NUME	(INCLUDE LOCATION ANI	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	
			N/A			Õ	Norma Sierra Galindo	
			NAME OF BALLOT MEASURE			OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	
		tee	6. Ballot Measure Committee		Committee	didate Controlled	Officeholder or Candidate Controlled Committee	Ċ

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Summary Page Campaign Disclosure Statement

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

Statement covers period

SUMMARY PAGE

CALIFORNIA

		from	April 2014	FORM +CC
SEE INSTRUCTIONS ON REVERSE		through	June 2014	Page 3 of 17
Name of FileR Norma Sierra Galindo				I.D. NUMBER
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Flections	nary for Candidates State Primary and
1. Monetary Contributions	\$ 6596.00 2500.00 9000.00 \$ 5800.00 \$ 14800.00	\$ 6596.00 \$ 2500.00 \$ 9000.00 \$ 14800.00	20. Contributions Received \$ 21. Expenditures Made \$	1/1 through 6/30 7/1 to Date
Expenditures Made 5. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3	\$ 450.00	\$ 450.00	Expenditure Limit Summary for State Candidates	ummary for State
SUBTOTAL CASH PAYMENTS	\$ 450.00 350.00 5800.00 \$ 6600.00	\$ 450.00 350.00 5800.00 \$ 6600.00	22. Cumulative (if Subject to v Date of Election (mm/dd/yy)	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) of Election Total to Date nm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 6596.00	To calculate Column B, add amounts in Column A to the		€9 €9
14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments	450.00			← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed for this calendar year, only		\$
standing Debts		from Lines 2, 7, and 9 (if	different from amounts reported in Column B	Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

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

18. Cash Equivalents.....

See instructions on reverse

2850.00

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

Cash Equivalents and Outstanding Debts

		FS.

Schedule A Monetary Contributions Received

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period

CALIFORNIA FORM

SCHEDULE A

from through April 2014 June 2014 Page _

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I.D. NUMBER

Norma Sierra Galindo DATE RECEIVED 4/25/14 5/30/14 5/5/14 4/15/14 4/25/14 Norma Sierra Galindo East Alamo Road 395 Broadway El Centro, CA 92243 Bruce Kuhn Joseph Maruca 3920 Riviera Drive Unit U San Diego, CA 92109 PO Box 1079 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR (IF COMMITTEE, ALSO ENTERLD, NUMBER) CODE * Holtville, CA 92250 6522 Corn Road Mark McBroom Calipatria, CA 92233 Hector Zendejas Calipatria, CA 92233 OSCC PT OF NO COM NO CO OTH SCC OCC PTY SCC SSC YEAR OF A REPORT OF A REPO SCC PTT NO Self-employed Zendejas Farms Kuhn Land-leveling Self-employed McBroom Farms Self-employed Retired Educator Loan from Candidate IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS) SUBTOTAL \$ AMOUNT RECEIVED THIS PERIOD 2,500.00 6500.00 2000.00 1000.00 800,00 200.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) pending 0 0 0 0 0 PER ELECTION TO DATE (IF REQUIRED) 2500.00 2000.00 1000.00 200.00 800.00

Schedule A Summary

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

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PTY - Political Party SCC - Small Contributor Committee

6596.00

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6500.00 96.00

COM – Recipient Committee (other than PTY or SCC)

IND - Individual *Contributor Codes

OTH - Other

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

		: # :

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink. Amounts may be rounded

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(CONT.)

monetal y		to whole dollars.	whole dollars.	Statement covers period April 2014		FORM 460
				throughJune	June 2014 P	Page5 of17
NAME OF FILER	Galindo	2			_	I D NUMBER
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO DATE CALENDAR YEAR	PER ELECTION TODATE
	see page 4	OCC SCC				
		ODTH SCC				
		OPTY SCC				
		SCC OTH M	ži.			
		SCC DIND				
			\$UBTOTAL	0		

*Contributor Codes

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

			5.

SCHEDULE B - PART 1

Schedule B - Part 1	Amo	Amounts may be rounded	unded		Statement covers period	ers period	00:	
Loans Received		to whole dollars.			from Apr	April 2014	CALIFORNIA FORM	[^] 460
SEE INSTRUCTIONS ON REVERSE					through Ju	June 2014	Page 6	of 17
NAME OF FILER							I.D. NUMBER	
Norma Sierra Galindo							pending	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Norma Sierra Galindo	Candidate/Educator			N PAID				CALENDAR YEAR
1457 East Alamo Road				2,500.00	5	0	<u>\$</u> 2,500.00	\$ 2,500.00
Tolking, Or accoo				FORGIVEN		RATE		PER ELECTION**
TE IND COM OTH PTY SCC		0	\$ 2,500.00		6/30/14 DATE DUE	\$	4/25/14 DATE INCURRED	
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SCC		4	, i		DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				FORGIVEN		RATE %		\$ PERELECTION**
T□ ND □ COM □ OTH □ PTY □ SCC		5		\$	DATE DUE	5	DATE INCURRED	<i>o</i> ,
		SUBTOTALS \$	2,500.00 \$	45		\$		111
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period	:			\$	2,500.00		*Amounts for	tiven or neid by
(lotal Column (b) plus unitemized loans less than \$100.) 2. Loans paid or forgiven this period	less than \$100.)				2,500.00		another party also must be reported on Schedule A.	another party also must be reported on Schedule A.
(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	paid or forgiven.) are also itemized on Sched	ule A.)					** If required.	
 Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2 	2 from Line 1.)			NET \$	(May be a negative number)			

† Contributor Codes

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

OTH -- Other

PTY - Political Party

SCC -- Small Contributor Committee

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Schedule B -Loan Guaran

Schooling Dates	Type or print in ink		SCHEDULE B - PART 2
ocnedule b - Fart z	Amounts may be rounded	Statement covers period	CALIFORNIA A CO
Loan Guarantors	to whole dollars.	from April 2014	FORM 400
SEE INSTRUCTIONS ON REVERSE		through June 2014	Page of
NAME OF FILER			I.D. NUMBER
Norma Sierra Galindo			pending

	Enter on Summary Page, Line 17 only.	₩	SUBTOTAL			
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	PER ELECTION (IF REQUIRED)		DATE		Потн	
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	CALENDAR YEAR		LENDER			N/A
BALANCE OUTSTANDING TO DATE	CUMULATIVE TO DATE	AMOUNT GUARANTEED THIS PERIOD	LOAN	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE	FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE ALSO ENTER ID. NUMBER)

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Schedule C Nonmonetar

Type or print in ink.

SCHEDULE C

Nonmon	Nonmonetary Contributions Received		to whole dollars.		Statement covers period		CALIFORNIA A CO
					from April 2014		FORM 400
SEE INSTRUCT	ONS ON REVERSE				through June 2014	4 Page	ge 8 of 17
NAME OF FILER	NAMEOFFILER					1.0.	I.D. NUMBER
Norma :	Norma Sierra Galindo					per	pending
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	TO PER ELECTION TO DATE (IF REQUIRED)
6/23/14	Gloria Vasquez 1729 Lotus Lane El Centro, CA 92243	⊠IND □COM □OTH □SCC	Retired Educator	Newspaper Ad	650.00		
4/25/14	Gustavo R. Galindo 1475 East Alamo Holtville, CA 92250	MIND COM PTY SCC	Self-employed	Campaign Materials: Banners, T-Shirts, Signs	3200.00		
5/15/14	Mike Abatti 702 Industry Way El Centro, CA 92243	MIND COM PTY SCC	Self-employed farmer	Campaign Materials: hats	250.00		
5/1/14-6/10	Julio Cesar Rodriguez 1780 Smoketree Drive El Centro, CA 92243	MIND COM OTH SCC	Director Children and Families First Commission	Labor: Set-up, Maintenance and Pick-up of signs	1700.00		
Attach adu	Attach additional information on appropriately labeled continuation sheets	ed continuation	on sheets.	SUBTOTAL \$	L \$ 5800.00		
Schedule 1. Amount	Schedule C Summary 1. Amount received this period – nonmonetary contributions of \$100 or more (Include all Schedule C subtotals.)	ions of \$100 or	more.		\$ 5800.00	*Contributor Codes IND – Individual COM – Recipient Co	*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC)
	Amount received this period – unitemized nonmonetary contributions of less than \$100	ary contribution	າs of less than \$100			OTH - Other PTY - Political Party SCC - Small Contrib	er tical Party all Contributor Committee
Total nor	Total nonmonetary contributions received this period.					SCC-Sma	SCC - Small Contributor Committee

5800.00

		e.

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

DATE

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

from April 2014	Statement covers period
FORM	CALIFORNIA

SCHEDULED

NAME OF FILER SEE INSTRUCTIONS ON REVERSE Norma Sierra Gallndo NA NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE ☐ Support ☐ Support ☐ Oppose ☐ Oppose TYPE OF PAYMENT Independent Expenditure Monetary Contribution Nonmonetary Independent Contribution Monetary Contribution Nonmonetary Expenditure Contribution Contribution Monetary DESCRIPTION (IF REQUIRED) through AMOUNT THIS PERIOD June 2014 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) pending Page _ I.D. NUMBER 9 PER ELECTION TO DATE (IF REQUIRED) 17

Schedule D Summary

☐ Support

☐ Oppose

Expenditure Independent

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Contributions and independent expenditures made this period of \$100 or more, (include all Schedule D sub
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- 2. Unitemized contributions and independent expenditures made this period of under \$100

Schedule D (Continuation Sheet) Summary of Expenditu Supporting/Opposing Candidates, Measures

Type or print in ink.

						1		DATE	Norma Sierra Galindo		Summary of Expendi Supporting/Opposing Candidates, Measure
	Support		☐ Support	Support		☐ Support	N/A	NAME OF CANDIDATE, OMEASURE NUMBER OR LOOK	ra Galindo		Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees
	Oppose		Oppose	Oppose		☐ Oppose		NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE			r Committees
	Expenditure	Contribution Nonmonetary Contribution Independent	Expenditure	 1 '	Contribution Nonmonetary Contribution Independent	Expenditure		TYPE OF PAYMENT			ype or print in ink. Amounts may be rounded to whole dollars.
SUBTOTAL \$								DESCRIPTION (IF REQUIRED)			e rounded liars.
45								AMOUNT THIS PERIOD		through June 2014	Statement covers period from April 2014
								CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	pe –		
									I.D. NUMBER pending	Page 10 of	SCHEDULED (CONT. CALIFORNIA 460 FORM
								PER ELECTION TO DATE (IF REQUIRED)	MBER	1	RM 460



Schedule E Payments Made

NAME OF FILER

Norma Sierra Galindo

SEE INSTRUCTIONS ON REVERSE

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

Statement covers period from April 2014

from April 2014 through June 2014

CALIFORNIA 460

June 2014 Page 11 of ID. NUMBER pending

4. Total paymer	3. Total interest	Unitemized p	Payments m	Schedule E Summary	Payments that	Norma Sierra Galindo East Alamo Road Holtville, CA 92250	Desert Review Online Periodical Brawley, CA 92227	Imperial County Elec Main Street El Centro, CA 92243		CODES: If one of the CMP campaign parapherna CNS campaign consultants CTB contribution (explain r CVC civic donations FIL candidate filing/ballot FND fundraising events IND independent expendit LEG legal defense LT campaign literature an
Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	2. Unitemized payments made this period of under \$100	1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	Summary	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Galindo Dad 2250	cal 2227	Imperial County Elections Department Main Street El Centro, CA 92243	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID: NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. ORP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIL t.v. or cable airtime and product FIL campaign workers' salar FIL t.v. or cable airtime and product FIL t.v. or
inter here and on th	Schedule B, Part		chedule E subtotals		must also be summ					MBR member communications MBR member communications MTG meetings and appearanc OFC office expenses PET petition circulating PHO phone banks POL polling and survey reser POS postage, delivery and m PRO professional services (le
າe Summary	I, Column (e	***************************************	<u>s)</u>		arized on Sc	TRS	РЯТ	FIL	CODE OR	ayment, you may enter member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads
Page, Colum	9).)			:	hedule D.	travel: gas and	online ad	Filing fees	70	ayment, you may enter the code. Comember 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
nn A, Line 6.)					: :	nd meals			DESCRIPTION	Otherwise, department of the RAD RAD SAL TELL TROUGH TRS TOF VOT WEB
A, Line 6.) TOTAL \$.	€		G		SUBTOTAL\$				ESCRIPTION OF PAYMENT	escribe the payment. radio airlime and production costs returned contributions 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)
2488.37			2488.37		L\$ 2488.37	1000.00	750.00	738.37	AMOUNT PAID	osts ils same candidate/spons

		*

Schedule E

Type or print in ink.

SCHEDULE E (CONT.)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			N/A	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID, NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the code. OMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CLC candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* ILEG legal defense LEG legal defense LEG legal defense LET 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 postage, delivery and messenger services PRO professional services (legal, accounting) PRO professional services (legal, accounting)	Norma Sierra Galindo	SEE INSTRUCTIONS ON REVERSE	(Continuation Sheet) Payments Made Amounts may be rounded to whole dollars.
chedule D.				CODE OR	payment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads			rounded lars.
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SUI				DESCRIPTION OF PAYMENT	describe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime 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)		hJune 2014	April 2014
SUBTOTAL \$					costs uction costs meals and meals of the same (Internet, e-ma	pending	Page 12	CALIFORNIA FORM '
				AMOUNT PAID	candidate/sponsor		of 17	460

SCHEDULEF

460

Schedule F Accrued Expenses (Unpaid Bills)

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

from Statement covers period April 2014 June 2014 CALIFORNIA FORM

through

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FESSESS SEE INSTRUCTIONS ON REVERSE NAME OF FILER 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for Schedule F Summary * Payments that are contributions or independent expenditures must also be summarized on Schedule D. CODES: If one of the following codes accurately describes the Desert Review Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and Norma Sierra Galindo accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)...... on the Summary Page, Column A, Line 9.) campaign paraphernalia/misc civic donations contribution (explain nonmonetary)* campaign consultants candidate filing/ballot fees campaign literature and mailings independent expenditure supporting/opposing others (explain)* fundraising events legal defense NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 몽퍼워 MG 푘공 g CODE OR DESCRIPTION OF PAYMENT PRT payment, you may enter the code. Otherwise, describe the payment. office expenses meetings and appearances member communications polling and survey research postage, delivery and messenger services print ads professional services (legal, accounting) phone banks petition circulating SUBTOTALS \$ (a)
OUTSTANDING
BALANCE BEGINNING
OF THIS PERIOD 350.00 40 (b)
AMOUNT INCURRED TEP. TRS 광 쿵 THIS PERIOD 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 meats candidate travel, lodging, and meals t.v. or cable airtime and production costs campaign workers' salaries returned contributionsPAID TOTALS \$ 750.00 **INCURRED TOTALS \$** 40 (ALSO REPORT ON E) (c) AMOUNT PAID THIS PERIOD NET \$ 400.00 pending I.D. NUMBER May be a negative number (d)
OUTSTANDING
BALANCE AT CLOSE
OF THIS PERIOD 350.00 400.00 750.00 350.00

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Schedule F Accrued Expenses (Unpaid Bills) (Continuation Sheet)

NAME OF FILER

Norma Sierra Galindo

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

from_

Statement covers period April 2014 June 2014

CALIFORNIA FORM '

460

through.

Page 14

of.

17

pending I.D. NUMBER

SCHEDULE F (CONT.)

				NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	COPES: 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 fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings *Payments that are contributions or independent expenditures must also be summarized on Schedule D. *Payments that are contributions or independent expenditures must also be summarized on Schedule D.
SUBTOTALS \$				CODE OR DESCRIPTION OF PAYMENT	ss the payment, you may enter the code. MBR member communications MIG 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 so be summarized on Schedule D.
49				(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	nter the code. (as as ch ssenger services yal, accounting)
\$				(b) AMOUNT INCURRED THIS PERIOD	Otherwise, describe the payment. RAD radio airlime and production of RFD returned contributions. SAL campaign workers' salaries. TEL t.v. or cable airlime and production of the production o
\$,		(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	, describe the payment. radio airlime and production costs returned contributions 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)
			2	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	s me candidate/sponsor ∍-mail)



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

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Norma Sierra Galindo

SEE INSTRUCTIONS ON REVERSE

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Amounts may be rounded to whole dollars.

from Statement covers period April 2014

CALIFORNIA 460 FORM SCHEDULE G

through June 2014 pending Page __ I.D. NUMBER 즁 으 17

크변호 F CVC CNS Attach additional information on appropriately labeled continuation sheets. 2 * Payments that are contributions or independent expenditures must also be summarized on Schedule D CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. civic donations campaign consultants campaign literature and mailings legal defense candidate filing/ballot fees contribution (explain nonmonetary)* campaign paraphernalia/misc. independent expenditure supporting/opposing others (explain)* fundraising events NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OFC OFC වී 핖 petition circulating office expenses meetings and appearances member communications print ads professional services (legal, accounting) polling and survey research phone banks postage, delivery and messenger services CODE S DESCRIPTION OF PAYMENT Y TRY TO THE SERVEN radio airtime and production costs information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor campaign workers' salaries returned contributions staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs TOTAL* \$ AMOUNT PAID

independent contractor as reported on Schedule E. * Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or



		lype or Amounts n	lype or print in ink. Amounts may be rounded		Statement covers period	ers period	CALIFORNIA	A A A A A A A A A A A A A A A A A A A
Loans Made to Others		to who	to whole dollars.		fromApr	April 2014	FORM	
SEE INSTRUCTIONS ON REVERSE					throughJur	June 2014	Page 16	of17
NAME OF FILER							I.D. NUMBER	
Norma Sierra Galindo							pending	
FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF	(9) CUMULATIVE LOANS
N/A								CALENDAR YEAR
		· · · · · ·		FORGIVEN	\$	RATE		PER ELECTION**
		φ 	ĺ	4	DATE DUE	5	DATE INCURRED	
				PAID FORGIVEN	<i>y</i>	RATE	(n	CALENDAR YEAR S PER ELECTION**
		0			DATE DUE	5	DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.	te or committee forgiven must	SUBTOTALS	49	€	€9	49		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans less than \$100.)	•				₩		*	**If Required
Payments received on loans (Total Column (c) plus unitemized payments less than \$100.)	nts less than \$100.)				\$		i	
 Net change this period. (Subtract Line 2 from Line 1.)	2 from Line 1.) Page, Column A, Line 7.)				NET \$	(May be a negative number)	•	



Miscellaneou Schedule I

Type or print in ink. SCHEDULE

miscenalicous	miscendificates increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period April 2014	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	EVERSE		through June 2014	Page 17 of 17
NAME OF FILER				IBER
Norma Sierra Galindo	alindo			pending
RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DES	DESCRIPTION OF RECEIPT	AMOUNT OF
N/A				
Attach additional in	Attach additional information on appropriately labeled continuation sheets.		SUBTOTAL \$	0

Schedule I Summary

- 1. Increases to cash of \$100 or more this period.
- 2. Unitemized increases to cash under \$100 this period.....
- 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)

.......

- 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL

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