	IMPERIAL COUNTY REGISTRAR OF VOTERS		from04/23/2016	SEE INSTRUCTIONS ON SECRETARY
For Official Use C		(Month, Day, Year)	01/01/2016	
Page 1 of	11N 9 7 9018	Date of election if applicable:	Statement covers period	Constitution Code Sections Section-645 (C.5)
	RECEIVED			Cover Page
FORM	80		:	Campaign Statement
CAT IEODAIIA	Date Stamp	ink.	Type or print in ink.	Recipient Committee
CO				

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4	Committees – Complet	e Parts 1, 2, 3, and 4.	2. Type of Statement:		
☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5)		Primarily Formed Ballot Measure Committee Controlled Sponsored	 ☑ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) 		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Also Cor Primar Officet Also Cor	(Also Complete Part 6) Primarily Formed Candidate! Officeholder Committee (Also Complete Part 7)	(Also life a Form 410 lemination		୍ଷ ପ୍ର
3. Committee Information	I.D. NUMBER	WBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	NO COMMITTEE)		NAME OF TREASURER Marlene Thomas		
IID Div 1	•		MAILING ADDRESS 1265 State Street, Box 402		
STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE
699 Wake, Apt 29			El Centro	CA	92243
EI Centro	STATE ZIP CODE CA 92243	AREA CODE/PHONE 760,540,9650	NAME OF ASSISTANT TREASURER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	TREET OR P.O. BOX		MAILING ADDRESS		
Same as above					
CITY	STATE ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE
OPTIONAL: FAX / E-MAIL ADCRESS			OPTIONAL: FAX / E-MAIL ADDRESS		

Verification

I have used all reasonable dil gence 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	Executed on	Executed on	Executed on
Date	Date	6/21/16 Date	04-27-2016
By Signature of Controlling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	By MMM M. M. PAdder. Signature of Cantrolling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	By Signature of Treasurer or Assistant Treasurer
Measure Proponent FPPC Form	Measure Proponent	ent or Responsible Officer of Sponsor	surer

FPPC Form 450 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Summary Page Campaign Disclosure Statement

Type or print in ink. ounts may be rounded

1	FORM	01/01/2016
200	CALIFORNIA	atement covers period
SUMMARY PAGE	SU	

Summary Page to whole dollars.	fro	Statement covers period 01/01/2016	FORM 460
SEE INCTURIOUS ON BEIVEBAR	through _	04/23/2016	Page 2 of
NAME OF FILER			D. NOMBER
Column A Contributions Received Contributions Received (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALTODATE	Calendar Year Sum Running in Both th General Elections	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 \$ 9,000.00 2. Loans Received Schedule B, Line 3 9,000.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 9,000.00	«»«»(»(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)(»)	1/1 th 20. Contributions Received \$	1/1 through 6/30 7/1 to Date
	\$	ires	€0
Expenditures Made 1,110.44 6. Payments Made 1,110.44	\$	Expenditure Limit Summary for State Candidates	Summary for State
7. Loans Made	φ,	22. Cumulativ (If Subject to	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9		Date of Election (mm/dd/yy)	Total to Date
Current Cash Statement 12. Beginning Cash Balance	To calculate Column B, add amounts in Column A to the		↔
ncreases to Cash	corresponding amounts from Column B of your last report. Some amounts in Column A may be negative	*Amounts in this section reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
16. ENDING CASH BALANCE	figures that should be subtracted from previous period amounts. If this is the first report being filed		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$	for this calendar year, only carry over the amounts	•	
sh Equivalents and Outstanding Debts	from Lines 2, 7, and 9 (if any).		
18. Cash Equivalents See instructions on reverse \$			

Outstanding Debts 18. Cash Equivalents

Add Line 2 + Line 9 in Column B above

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

					SCHEDULEE
Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	n ink. rounded ars.		Statement covers period from 01/01/2016	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE				through 04/23/2016	Page 3 of 14
NAME OF FILER Dilda McFadden					LD NUMBER
DES: camp camp contr contr contr contr indep	ing codes accurately describes the paints of	may enter unications appearances is ling ling ling areas for the control of the c	the code. Oth	<u> </u>	ts on costs sals meals the same candidate/sponso
	rting/opposing others (explain)* POS PRO PRT	ervices (legal,	anger services accounting)		the same candidate/sponso ernet, e-mail)
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER LD. NUMBER)	CODE OR	Б	DESCRIPTION OF PAYMENT	AMOUNT PAID
Filing IID Division 2		FIL	Filing Fees		\$472.00
Candidate Statement		CMP	Statements		\$300.00
** see schedule E continuation **	ruation **				
* Payments that are contributions	utions or independent expenditures must also be summarized	on on	Schedule D.	SUBT	SUBTOTAL \$ \$772.00
Schedule E Summary	Α				1 110 44
Itemized payments made a likely manual payments and a likely manual p	1. Itemized payments made this period. (Include all Schedule E subtotals.)				0.00
Total interest paid this p	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	Column (e).)		\$ 0.00
4. Total payments made the	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 \$	5 1,110.44

Payments Made Schedule E (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Dilda McFadden

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

Statement covers period

CALIFORNIA FORM

SCHEDULE E (CONT.)

from through 01/01/2016 04/23/2016 Page 4 I.D. NUMBER Ω, I

	CODES: If one of the following codes accurately describes the payment, you may enter the code. When the communications will can mapign paraphermalialmisc. MBR member communications MBR member communications and appearances of office expenses. WIG contribution (explain nonmonetary)* WILL candidate filing/ballot fees PCI independent expenditure supporting/opposing others (explain)* PCI politing and survey research PCI politin
	petition circu phone banks polling and s postage, deli professional print ads

= EDDC Form 460 (January/05)	ale Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву		Executed on
ı	ate Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Ву		Executed on
I I	easurer onent or Responsible Officer of Sponsor	Signature of Treasurer or Assistant Treasurer Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	By Signature of Cont		Executed on 621-16 Executed on 621-16 Executed on 621-16 Executed on 631-16
s true and complete. certify	ein and in the attached schedules is	wledge the information contained her	statement and to the best of my know	nd reviewing this	 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 index penalty of negligy index the laws of the State of California that the foregoing is true and correct.
	ESS	OPTIONAL: FAX / E-MAIL ADDRESS			OPTIONAL: FAX / E-MAIL ADDRESS
AREA CODE/PHONE	STATE ZIP CODE	CITY	AREA CODE/PHONE	E ZIP CODE	CITY STATE
		MAILING ADDRESS		ET OR P.O. BOX	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
	ER, IF ANY	NAME OF ASSISTANT TREASURER, IF ANY	AREA CODE/PHONE 760.540.9650	E ZIP CODE . 92243	El Centro CA
AREA CODE/PHONE 760.235.8412	STATE ZIP CODE CA 92243	CITY El Centro			Wake, Apt 29
		1265 State Street, Box 402			IID Div 1
		Marlene Thomas		()	Committee to Elect Dilda McFadden
		Treasurer(s)	MBER	I.D. NUMBER	3. Committee Information
			Officenoider Committee (Also Complete Part 7)	(Also C	 Small Contributor Committee Political Party/Central Committee
	elow)	Amendment (Explain below)	Primarily Formed Candidate/	Prima	General Purpose CommitteeSponsored
Supplemental Preelection Statement - Attach Form 495	ation)	Termination Statement (Also file a Form 410 Termination)	 ○ Controlled ○ Sponsored △ Also Combete Part 6) 	Q Q 2	(Also Complete Part 5)
Quarterly Statement Special Odd-Year Report	☐ Quarterly		primarily Formed Ballot Measure Committee Committee		a
		2 Type of Statement:	ste Darte 1 2 3 and 4	nmittees - Comple	1 Type of Recipient Committee: All Cor
	NPERIAL COUNTY	REC	through 06-30-2016	5	SEE INSTRUCTIONS ON REVERSE
Page 1 of 5	JUN 2 1 2016	Date of election if applicable: (Month, Day, Year)	Statement covers period 04-24-2016		
4	RECEIVED		Ł		Cover Page Government Code Sections 84200-84216 5)
CALIFORNIA A CO	Date Stamp	ink.	Type or print in ink		Recipient Committee

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 S	** see schedule E continuation **	Various	Imperial Printers Main Street El Centro, CA 92243	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FIL petition circulating FIC polling and survey research FIC postage, delivery and messenger services FIC postage, delivery and messenger services FIC professional services (legal, accounting) VO FRO professional services (legal, accounting) VE	NAME OF FILER Dilda McFadden	SEE INSTRUCTIONS ON REVERSE	Schedule E Amounts may be rounded to whole dollars.
- 5	on Schedule D.		Door to Door had flyers	Flyers	OR DES	ter the code. Othen es rich essenger services gal, accounting)			
ТОТАL	SUBTOTAL \$		Door to Door hanging door hangers, handing out flyers		DESCRIPTION OF PAYMENT	wise, describe the payment. RAD radio airtime and production costs RED 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)	1.0	through 06-30-2016 Page	Statement covers period CA from 04-24-2016
\$ 6,808.01 \$ 0.00 \$ 0.00	AL\$ 2,322.00		\$800.00	\$1,522.00	AMOUNT PAID	costs s eals s same candidate/sponsor	I.D. NUMBER	2 of 3	CALIFORNIA 460

Payments Made Schedule E (Continuation Sheet)

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

from. Statement covers period 04-24-2016 06-30-2016

through

I.D. NUMBER

CALIFORNIA 460 Page 3 of 3

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Dilda McFadden

FPPC Form 460 (January/05) 66/ASK-FPPC (866/275-3772)	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 886/ASK-FPPC (886/275-3772)		
\$ 4,486.10	SUBTOTAL \$	Schedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
\$600.00	Print banners	PRT	Imperial Printers Main Street El Centro, CA 92243
\$375.00	Print hangers	PRT	Imperial Printers Main Street El Centro, CA 92243
\$298.00	Advertisement	RAD	KXO Radio El Centro, CA 92243
\$1,413.10	Advertisement	PRT	Imperial Valley Press 8th Street El Centro, CA 92243
\$1,800.00	Advertisement	PRT	Desert Review PO Box 1236 Brawley, CA 9227
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
re candidate/sponsor	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 airtime and production costs RFD returned contributions SAL campaign workers' salaries SAL campaign workers' salaries TRC campaign workers' lodging, and production costs transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)	payment, you may enter the code member communications meetings and appearances office expenses pelition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting) print ads	CODES: If one of the following codes accurately describes the payment, you may enter the code CNP campaign paraphernalia/misc CNS campaign consultants CNS contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* FND independent expenditure supporting/opposing others (explain)* LEG legal defense LTT campaign literature and mailings