

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

**CALIFORNIA  
FORM 460**

COVER PAGE

Statement covers period from 10/21/2012 through 12/31/2012	Date of election if applicable: (Month, Day, Year) 11 31 PM 4:38	Page _____ of _____ For Official Use Only
	Received Imperial County ROV	

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)

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 BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2**

STREET ADDRESS (NO P.O. BOX)  
**PO BOX 969**

CITY STATE ZIP CODE AREA CODE/PHONE  
**EL CENTRO CA 92244 760-353-0050**

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
**189 W BIANCA CT**

CITY STATE ZIP CODE AREA CODE/PHONE  
**IMPERIAL CA 92251**

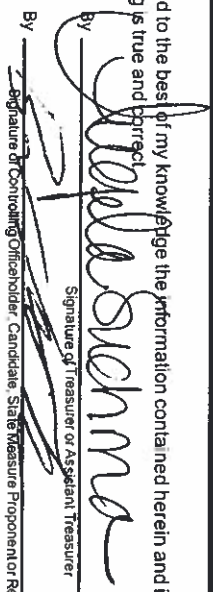
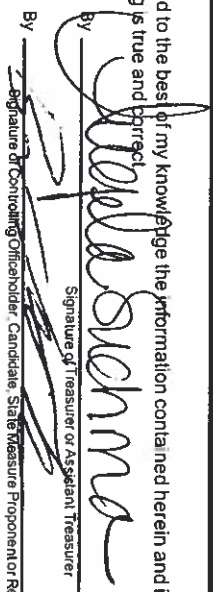
OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)  
 NAME OF TREASURER  
**KRISTY CURRY**  
 MAILING ADDRESS  
**1474 HWY 86**  
 CITY STATE ZIP CODE AREA CODE/PHONE  
**EL CENTRO CA 92243**  
 NAME OF ASSISTANT TREASURER, IF ANY  
**ANGELA SUCHMA**  
 MAILING ADDRESS  
**189 W BIANCA CT**  
 CITY STATE ZIP CODE AREA CODE/PHONE  
**IMPERIAL CA 92251**

**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 11/31/13 Date  
 Executed on 11/31/13 Date

By  Signature of Treasurer or Assistant Treasurer  
 By  Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA  
FORM 460

Statement covers period  
from 10/21/2012  
through 12/31/2012

Page 1 of 1  
I.D. NUMBER  
1348223

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
BRUCE KUHN

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 1,347.00	\$ 10,869.00
2. Loans Received	\$ -0-	\$ 60,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 1,347.00	\$ 70,869.00
4. Nonmonetary Contributions	\$ -0-	\$ 150.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 1,347.00	\$ 71,019.00

## Expenditures Made

6. Payments Made	\$ 1,750.11	\$ 67,657.57
7. Loans Made	\$ -0-	\$ -0-
8. SUBTOTAL CASH PAYMENTS	\$ 1,750.11	\$ 67,657.57
9. Accrued Expenses (Unpaid Bills)	\$ -0-	\$ -0-
10. Nonmonetary Adjustment	\$ -0-	\$ -0-
11. TOTAL EXPENDITURES MADE	\$ 1,750.11	\$ 67,657.57

## Current Cash Statement

12. Beginning Cash Balance	\$ 3,300.29	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).
13. Cash Receipts	\$ 1,347.00	
14. Miscellaneous Increases to Cash	\$ -0-	
15. Cash Payments	\$ 1,850.11	
16. ENDING CASH BALANCE	\$ 1,450.18	

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	\$ -0-
18. Cash Equivalents	\$ -0-
19. Outstanding Debts	\$ 60,000.00

## Expenditure Limit Summary for State Candidates

20. Contributions Received	\$ _____	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____		
22. Cumulative Expenditures Made* (# 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.

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period  
from 10/21/2012  
through 12/31/2012

**CALIFORNIA  
FORM 460**

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

NAME OF FILER  
BRUCE KUHN

I.D. NUMBER  
1348223

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
9/11/2012	WEST-GRO FARMS, INC. P.O. BOX 1748 EL CENTRO, CA 92244	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	-0-	\$500.00	\$500.00
9/14/2012	PREECE FARMS 2646 E. DEALWOOD EL CENTRO, CA 92243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	-0-	\$500.00	\$500.00
10/12/2012	JOHN KUHN AUGUSTA (SHEA) PORCHER KUHN EL CENTRO, CA 92244	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	-0-	\$500.00	\$500.00
11/5/2012	MICHAEL B. COX 249 ANDRITA PLACE BRAWLEY, CA 92227	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$1,000.00	\$1,000.00	\$1,000.00
<b>SUBTOTAL \$</b>				\$1,000.00		

\* 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

# Schedule A Monetary Contributions Received

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

STATEMENT A  
CALIFORNIA  
FORM  
**460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
BRUCE KUHN

I.D. NUMBER  
1348223

Statement covers period  
from 10/21/2012  
through 12/31/2012

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

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)
4/5/2012	MICHAEL & KERRI ABATTI 1205 AURORA DR. EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MIKE ABATTI FARMS	-0-	\$1,500.00	\$1,500.00
4/4/2012	JERRY BARANA 2230 SANDLEWOOD EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	-0-	\$100.00	\$100.00
4/27/2012	MADJAC FARMS PO BOX 2135 EL CENTRO, CA 92243	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	-0-	\$5,000.00	\$5,000.00
7/6/2012	THE FRITZ W AND MADELINE L KUHN TRUST A DTD 47417 MEDINA DR W PALM DESERT, CA 92260-5855	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	-0-	\$1,000.00	\$1,000.00
9/25/2012	JOE BARANA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	-0-	\$200.00	\$200.00
<b>SUBTOTAL \$</b>				-0-		

## Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$1,000.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$347.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** \$1,347.00

\*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

**Schedule B - Part 1  
Loans Received**

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

SCHEDULE B - PART 1

CALIFORNIA  
FORM  
**460**

Statement covers period  
from 10/21/2012  
through 12/31/2012

Page \_\_\_\_\_ of \_\_\_\_\_  
I.D. NUMBER  
1348223

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**BRUCE KUHN**

FULL NAME, STREET ADDRESS AND ZIP CODE <small>(IF COMMITTEE, ALSO ENTER ID NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	(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	CONTRIBUTOR CODES					
									PAID	FORGIVEN	DATE DUE	DATE INCURRED	CALENDAR YEAR	PER ELECTION **
<b>BRUCE KUHN</b> 1240 DREW RD EL CENTRO, CA 92243	<b>KUHN LAND LEVELING</b>	\$ 60,000	-0-	\$ 0 FORGIVEN	\$ 60,000	0 % -0-	\$ -0-	\$ 60,000	<input checked="" type="checkbox"/> IND	<input type="checkbox"/> COM	<input type="checkbox"/> OTH	<input type="checkbox"/> PTY	<input type="checkbox"/> SCC	CALENDAR YEAR PER ELECTION **
		\$	\$	\$	\$	%	\$	\$	<input type="checkbox"/> IND	<input type="checkbox"/> COM	<input type="checkbox"/> OTH	<input type="checkbox"/> PTY	<input type="checkbox"/> SCC	CALENDAR YEAR PER ELECTION **
<b>SUBTOTALS \$</b>		<b>-0-\$</b>	<b>\$ 60,000</b>	<b>\$ -0-</b>	<b>\$ 60,000</b>	<b>-0-</b>	<b>\$ -0-</b>	<b>\$ -0-</b>						

**Schedule B Summary**

(Enter (g) on  
Schedule E, Line 3)

- Loans received this period ..... \$ -0-  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ -0-  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ -0-**  
(May be a negative number)

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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

**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 <u>10/21/2012</u> through <u>12/31/2012</u>	<b>CALIFORNIA FORM 460</b>
Page <u>      </u> of <u>      </u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**BRUCE KUHN**

I.D. NUMBER  
1348223

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

<b>CA</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>ND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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
IMPERIAL VALLEY LIVING	PRT		PRINT NEWSPAPER SPACE	\$310.00
ROBERT RITORTO	SAL		WALKER	\$136.00
CHEVALA WONG	SAL		WALKER	\$200.00
JULIO CARINO	SAL		WALKER	\$136.00
ANTONIO CARINO	SAL		WALKER	\$128.00

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

**SUBTOTAL \$**                      **\$910.00**



**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 10/21/2012 through 12/31/2012	Page _____ of _____
<b>CALIFORNIA FORM 460</b>	
I.D. NUMBER 1348223	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
BRUCE KUHN

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CAP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | 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                |
| FL  | 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  |
| LT  | 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
LIDIA ARCELLI RUBY	SAL		WALKER	\$128.00
CHRIS BOWEN	SAL		WALKER	\$40.00
BRINCOLINAS	CVC		CIVIC DONATION	\$80.00
LISA ROMERO	SAL		WALKER	\$32.00
ADRIANA ROMERO	SAL		WALKER	\$48.00

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

**SUBTOTAL \$** \$328.00

**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 10/21/2012  
through 12/31/2012

Page      of     

**CALIFORNIA  
FORM  
460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**BRUCE KUHN**

I.D. NUMBER  
1348223

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

OMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFI	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	
ROBERT RITORTO	SAL		WALKER		\$40.00
JULIO CARINO	SAL		WALKER		\$180.00
PEDRO CARINO	SAL		WALKER		\$180.00
LIDIA ARCECELI RUBY	SAL		WALKER		\$112.00

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

**SUBTOTAL \$** \$512.00



**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	Date of election if applicable: (Month, Day, Year) <u>N/A</u>	Date Stamp RECEIVED APR 20 2016 IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM 460
		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)
- 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

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect Bruce Kuhn for Imperial Inngation District Division #2

**Treasurer(s)**

NAME OF TREASURER  
Angela Suchma  
MAILING ADDRESS  
1603 Las Dumas  
Imperial

STREET ADDRESS (NO P.O. BOX)  
CITY P.O. Box 9100 STATE CA ZIP CODE 92244 AREA CODE/PHONE  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY Imperial STATE CA ZIP CODE 92244 AREA CODE/PHONE  
OPTIONAL: FAX / E-MAIL ADDRESS

CITY Imperial STATE CA ZIP CODE 92244 AREA CODE/PHONE  
NAME OF ASSISTANT TREASURER, IF ANY  
Angela Suchma  
MAILING ADDRESS  
1603 Las Dumas  
Imperial

**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 3/14/16 Date  
By Angela Suchma Signature of Treasurer of Assistant Treasurer

Executed on 3/14/16 Date  
By Angela Suchma Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period from <u>7/1/14</u> through <u>12/31/14</u>	CALIFORNIA FORM <b>460</b>
Page _____ of _____	I.D. NUMBER

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 0	10869.00
2. Loans Received.....	Schedule B, Line 3 0	60,000.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 0	70869.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 0	150.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 0	71019.00

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 200.00	67991.82
7. Loans Made.....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 200.00	67991.82
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment.....	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 200.00	67991.82

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 666.11
13. Cash Receipts.....	Column A, Line 3 above 0
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0
15. Cash Payments.....	Column A, Line 8 above 0
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 466.11

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

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ 0
18. Cash Equivalents.....	See instructions on reverse \$ 0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ 0

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	\$ 0	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ 200.00		

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (# 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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E  
**CALIFORNIA  
FORM 460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period  
from 7/1/14  
through 12/31/14

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.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD 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  | TSE 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
Secretary of State	FIL		Filing Fees	200.00
<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.) ..... \$ 200.00
- Unitemized payments made this period of under \$100 ..... \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 200.00

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 4/30/15  
through 12/31/15

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

Date Stamp	RECEIVED	CALIFORNIA FORM 460
MAY 06 2016	REGISTRAR OF VOTERS	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

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee Fee to Elect Bruce Kuhn for Imperial Inngator District Division #2

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

P.O. Box 9109

CITY STATE ZIP CODE AREA CODE/PHONE  
Imperial CA 92244

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Anaela Suenma

MAILING ADDRESS  
P.O. Box 9109

CITY STATE ZIP CODE AREA CODE/PHONE  
Imperial CA 92244

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 5/5/16

By Anaela Suenma  
Signature of Treasurer or Assistant Treasurer

Executed on 5/6/16

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

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

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



# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from <u>6/30/15</u> through <u>12/31/15</u>	<b>CALIFORNIA FORM 460</b>
Page _____ of _____	I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 0	10869.00
2. Loans Received.....	Schedule B, Line 3 0	60,000.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 0	70869.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 0	150.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 0	71019.00

## Expenditures Made

6. Payments Made.....	Schedule E, Line 4 0	67991.82
7. Loans Made.....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 0	67991.82
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment.....	Schedule G, Line 3 0	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 0	67991.82

## Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 466.11	\$ 466.11
13. Cash Receipts.....	Column A, Line 3 above 0	0
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 0	0
15. Cash Payments.....	Column A, Line 8 above 466.11	466.11
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 0	0

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse \$ 0

19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above \$ 0

## 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	\$ 0	\$ _____
21. Expenditures Made	\$ 200.00	\$ _____

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (# 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).

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 1/1/15 through 6/30/15

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 0	\$ 10869.00
2. Loans Received	\$ 0	\$ 60,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0	\$ 70869.00
4. Nonmonetary Contributions	\$ 0	\$ 150.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0	\$ 71019.00

## Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 0	\$ 67991.82
7. Loans Made	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 0	\$ 67991.82
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 0	\$ 67991.82

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 466.11
13. Cash Receipts	Column A, Line 3 above	\$ 0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0
15. Cash Payments	Column A, Line 8 above	\$ 0
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 466.11

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse \$ 0

19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above \$ 0

## 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	\$ 0	\$ 0
21. Expenditures Made	\$ 200.00	\$ 0

## 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).