	Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	SKSK		Date
I	olidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State			Executed on Date
1 1	hasurer nent or Responsible Officer of Sponsor	Signature of Treasurer or Assistant Treasurer  Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	4/		Executed on Date
is true and complete. I certify	in and in the attached schedules k	of my knowledge the information contained herein and in the attached schedules is true and complete. I certify		nd reviewing this e of California that	I have used all reasonable diligence in preparing and reviewing this statement and to the bes under penalty of perjury under the laws of the State of California that the foregoing is true and Executed on 1918
	en en	OF TOWAL FAX / E-MAIL ADDRESS	>		
AREA CODE/PHONE	CA 92251	IMPERIAL	CARE		OPTIONAL: FAX / E-MAIL ADDRESS
		189 W BIANCA CT	ABEA CODE BLOVE	E ZIP CODE	CITY
	ER, IF ANY	ANGELA SUCHMA	760-353-0050	92244 ET OR P.O. BOX	EL CENTRO  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
E AREA CODE/PHONE	STATE ZIP CODE CA 92243	EL CENTRO			
		1474 HWY 86			STREET ADDRESS (NO P.O. BOX)
		NAME OF TREASURER KRISTY CURRY	ERIAL IRRIGATION	HN FOR IMPE	COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2
		Treasurer(s)	D. NUMBER 1348223	1.D. NUMBER 1348223	3. Committee Information
		Amendment (Explain below)	Primarily Formed Candidate/ Officeholder Committee (Also Complete Pert 7)	Prima Office	General Purpose Committee     Sponsored     Small Contributor Committee     Political Party/Central Committee
Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495		<ul> <li>Z. Type of Statement:</li> <li>Preelection Statement</li> <li>Semi-annual Statement</li> <li>Termination Statement</li> <li>(Also file a Form 410 Termination)</li> </ul>	All Committees - Complete Parts 1, 2, 3, and 4.  ommittee	nittees - 0	Officeholder, Candidate Controlled Committee     State Candidate Election Committee     Recall     Also Complete Part 5)
	Received If County ROV	Imperia	12/31/2012	÷	EINSTRUCTIONS ON REVERSE
Page of For Official Use Only	13 PM 4: 38	Date of election if applicable: (Month, Day, Year)	Statement covers period 10/21/2012		
FORM 460	a olamp		, , , , , , , , , , , , , , , , , , ,	]	Campaign Statement Cover Page (Government Code Sections 84200-84216.5)
COVER PAC	7-1-2	;; c	Type or print in		Recipient Committee

## Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded

SUMMARY PAGE

Summary Page	to whole dollars.		Statement covers period	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	12/31/2012	Page of
BRUCE KUHN				1.D. NUMBER 1348223
ontributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) 1 3.47 0.0	Co CALE TOT	Calendar Year Summary for Candidate Running in Both the State Primary and General Elections	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
2. Loans Received	\$ 1,347.00 \$ -0- \$ 1,347.00	\$ 60,000.00 \$ 70,869.00 \$ 150.00 \$ 71,019.00	20. Contributions Received \$ 21. Expenditures Made \$	1/1 through 6/30 7/1 to Date
Expenditures Made  6. Payments Made	\$ 1,750.11	\$ 67,657.57	Expenditure Limit S Candidates	Limit Summary for State
8. SUBTOTAL CASH PAYMENTS	\$ 1,750.11 -0- -0- \$ 1,750.11	\$ 67,657.57 -0- -0- \$ 67,657.57	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 im/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance	\$ 3,300.29 1,347.00 -0- 1,850.11 \$ 1,450.18	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	*Amounts in this section may be different from amounts reported in Column B.	\$
		for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 60,000.00		FPPC Toll-Free Helpline:	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

# Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

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

through.

12/31/2012

Page\_

약

I.D. NUMBER

from.

Statement covers period

10/21/2012

SCHEDULE A (CONT.)

CALIFORNIA

460

FORM

		11/5/2012	10/12/2012	9/14/2012	9/11/2012	DATE F RECEIVED	BRUCE KUHN
		MICHAEL B. COX 249 ANDRITA PLACE BRAWLEY, CA 92227	JOHN KUHN AUGUSTA (SHEA) PORCHER KUHN EL CENTRO, CA 92244	PREECE FARMS 2646 E. DEALWOOD EL CENTRO, CA 92243	WEST-GRO FARMS, INC. P.O. BOX 1748 EL CENTRO, CA 92244	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	
	O O O O O O O O O O O O O O O O O O O	DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	SCC	OPTY H SCC	SCC SCC	CONTRIBUTOR CODE *	
\$UBTOTAL\$		N/A	N/A	N/A	N/A	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	
\$1,000.00		\$1,000.00	0-	6	-0-	AMOUNT RECEIVED THIS PERIOD	
		\$1,000.00	\$500.00	\$500.00	\$500.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	134
		\$1,000.00	\$500.00	\$500.00	\$500.00	PER ELECTION TO DATE (IF REQUIRED)	1348223

\*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

SCHEDULE A

Monetary	Monetary Contributions Received	6	to whole dollars.	Statement covers period 10/21/2012	t covers period 10/21/2012	CALIFORNIA 460	460
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through 12/	12/31/2012	Pageof	
BRUCE KUHN	UHN					1.D. NUMBER 1348223	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	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 ABATII 1205 AURORA DR. EL CENTRO, CA 92243	OTH SCC	MIKE ABATTI FARMS	<b>-</b> -	\$1,500.00		\$1,500.00
4/4/2012	JERRY BARANA 2230 SANDLEWOOD EL CENTRO, CA 92243	MIND COM OTH PTY	N/A	-0-	\$100.00	0	\$100.00
4/27/2012	MADJAC FARMS PO BOX 2135 EL CENTRO, CA 92243	DCOM DCOM DSCC	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	DOTH SCC	N/A	-0-	\$1,000.00		\$1,000.00
9/25/2012	JOE BARANA	O PTY H M	N/A		\$200.00	0	\$200.00
			SUBTOTAL\$	-0-			
Schedule A Summary  1. Amount received this peri  (Include all Schedule A su	Schedule A Summary  1. Amount received this period – itemized monetary contributions.  (Include all Schedule A subtotals.)		<del>С</del>	\$1,000.00	*Contrib IND – In COM –	*Contributor Codes IND – Individual COM – Recipient Committee	, fo
2. Amount recu	Amount received this period unitemized monetary contributions of less than \$100	of less than \$	•	\$347.00	OTH -	OTH - Other (e.g., business entity)	ss entity)
3. Total moneta (Add Lines	Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	ın A, Line 1.).	* TOTAL	\$1,347.00	S-202	SCC - Small Contributor Committee	ommittee

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Schedule B = Part 1		Type or print in ink	nk.	1			SCHE	SCHEDULE B - PART 1
Loans Received	Amo	Amounts may be rounded to whole dollars.	unded s.	<b>-</b>	Statement covers period 10/21/2012	t covers period 10/21/2012	CALIFORNIA FORM	<sup>^</sup> 460
SEE INSTRUCTIONS ON REVERSE					through 12/	12/31/2012	Page	of 
NAME OF FILER							I.D. NUMBER	
BRUCE KUHN							1348223	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
BRUCE KUHN 1240 DREW RD EL CENTRO, CA 92243	KUHN LAND LEVELING			PAID S	<b>6</b>	0 RATE	-0-	CALENDAR YEAR  60,000  PER ELECTION***
TIM IND COM OTH OPTY OSC		\$ 60,000	þ	\$	12/31/12 DATE DUE	-0-	4/4/2012 DATE INCURRED	\$ 60,000
				PAID  FORGIVEN		RATE %	6	S PER ELECTION **
OTH PTY SCC		5		S	DATE DUE	S	DATE INCURRED	Š
	11/2			☐ PAID				CALENDAR YEAR
		23	-	FORGIVEN		RATE %		PER ELECTION ***
O IND COM OTH PTY Scc		S	ľ		DATE DUE	5	DATE INCURRED	5
		SUBTOTALS \$	-0-\$	44	60,000 \$	-0-	4	; ;
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
. Loans received this period(Total Column (b) plus unitemized loans of less than \$100.)	of less than \$100.)			<del>69</del>	-	†c <sub>o</sub>	†Contributor Codes	
Loans paid or forgiven this period(Total Column (c) plus loans under \$100 paid or forgiven.)	paid or forgiven.)			<b>6</b>	þ	- CO	IND – Individual COM – Recipient Committee (other than PTY or SCC)	ımittee TY or SCC)
Net change this period. (Subtract Line 2 from Line 1.)	2 from Line 1.)		-	NET \$	-0-	SCC	PTY Political Party SCC Small Contributor Committee	tor Committee
Enter the net here and on the Summary Page, Column A, Line 2.	Page, Column A, Line 2.			(May b	(May be a negative number)			

### Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

BRUCE KUHN

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

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Statement covers period

from\_

10/21/2012

through\_

12/31/2012

I.D. NUMBER

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1348223

SCHEDULE E (CONT.)

CALIFORNIA 460

\$910.00	\$UBTOTAL \$	Schedule D.	*Payments that are contributions or independent expenditures must also be summarized on Schedule D.
\$128.00	WALKER	SAL	ANTONIO CARINO
\$136.00	WALKER	SAL	JULIO CARINO
\$200.00	WALKER	SAL	CHEVALA WONG
\$136.00	WALKER	SAL	ROBERT RITORTO
\$310.00	PRINT NEWPAPER SPACE	PRT	IMPERIAL VALLEY LIVING
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE O	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LO, NUMBER)
; ne candidate/sponsor -mail)	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 t.v. or cable airtime and production costs candidate travel, lodging, and meals 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 petition circulating phone banks polling and survey research postage, delivery and messenger service postage, delivery and messenger service professional services (legal, accounting) print ads	CODES: If one of the following codes accurately describes the payment, you recommunity campaign paraphernalia/misc.  CNS campaign consultants  CNS campaign paraphernalia/misc.  MBR member community  MTG meetings and app  OFC office expenses  PET petition circulating petition circulating pho phone banks  FND independent expenditure supporting/opposing others (explain)*  ND independent expenditure supporting/opposing others (explain)*  POS postage, delivery professional services provided in the payment, you remainded to the paym

### Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded

SCHEDULE E (CONT.)

\$328.00	OCE OTAL S		Oction de la constant		
	SIBTOTAL		Schedule D	* Payments that are contributions or independent expenditures must also be summarized on Schedule D	* Payment
\$48.00		WALKER	SAL	ADRIANA ROMERO	ADRIAN
\$32.00		WALKER	SAL	OMERO	LISA ROMERO
\$80.00	ΟN	CIVIC DONATION	CVC	DLINAS	BRINCOLINAS
\$40.00		WALKER	SAL	CHRIS BOWEN	CHRIS
\$128.00		WALKER	SAL	LIDIA ARCELI RUBY	LIDIA A
AMOUNT PAID	DESCRIPTION OF PAYMENT	OR DE	CODE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	
s ne candidate/sponsor mail)	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 TRS transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	payment, you may enter the code. Otherwise, member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) WEB	payment, 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	If one of the following codes accurately describes the valge paraphernalia/misc.  MBR ward consultants or consu	CODES:  CMP camp CNS camp CTB contr CVC civic FIL cand FND fundu IND indep LEG legal LET camp
SER	1.D. NUMBER 1348223			ME OF FILER BRUCE KUHN	BRUC
of	through 12/31/2012 Page	5		SEE INSTRUCTIONS ON REVERSE	SEE INSTR
CALIFORNIA 460	Statement covers period CALIFORN 10/21/2012 FORM		be rounded follars.	(Continuation Sheet) Amounts may be rounded to whole dollars.	(Cont Paym

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

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

SCHEDULE E (CONT.)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. 무원중심무 CYB CXB LIDIA ARCECELI RUBY PEDRO CARINO CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, NAME OF FILER ROBERT RITORTO JULIO CARINO BRUCE KUHN independent expenditure supporting/opposing others (explain)\* candidate filing/ballot fees civic donations contribution (explain nonmonetary)\* campaign consultants campaign paraphernalia/misc. campaign literature and mailings fundraising events NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) polling and survey research postage, delivery and messenger services member communications print ads professional services (legal, accounting) phone banks petition circulating office expenses meetings and appearances CODE SAL SAL SAL SAL 유 WALKER WALKER WALKER WALKER DESCRIPTION OF PAYMENT WE YOUR 코르‱공용 from through Statement covers period voter registration information technology costs (internet, e-mail) describe the payment. transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals returned contributions campaign workers' salaries radio airtime and production costs t.v. or cable airtime and production costs 10/21/2012 12/31/2012 **SUBTOTAL \$** CALIFORNIA Page \_ [348223 I.D. NUMBER FORM AMOUNT PAID 9 \$512.00 \$112.00 \$180.00 \$180.00 \$40.00

Recinient Committee COVER PAGE

Campaign Statement Cover Page		9	Date Stamp 名库CEIVED	CALIFORNIA 460 FORM
from	Statement covers period	Date of election if applicable: (Month, Day, Year)	APR 2 0 2016	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/14	MA	RECISTRAR OF VOTERS	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	2.	Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Committee Recall Also Complete Part \$) General Purpose Committee Sponsored Sponsored Small Contributor Committee Primarily Fr Officeholde Also Complete Part Also Complete Part	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Compilele Part 6)  Primarily Formed Candidate/ Officeholder Committee (Also Compilele Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)	ation)	⚠ Quarterly Statement ☐ Special Odd-Year Report
3. Committee Information COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTEE) COMMITTEE NAME (OR CANDIDATES NAME IF NO COMMITTEE NAM	7	Treasurer(s) NAME OF TREASURER MALLING ADDRESS		
EET ADDRESS (NO P.O. BOX)	L		STATE ZIP CODE	IE AREA CODE/PHONE
STATE ZIP CODE  POR POX QUA  MAJLING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. BOX  CITY  STATE  ZIP CODE  STATE  ZIP CODE	AREA CODE/PHONE	VAME OF ASSISTANT TREASURER  (115) 148 DI  VALING ADDRESS  IMPENAL  EITY MENAL  OTTY	DUNAS  OF ODDA  STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	QI	OPTIONAL FAX / E-MAIL ADDRESS	9	

### 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 peniuty under the laws of the State of California that the foregoing is true and correct. A

Executed onBy	Executed on By	Executed on 3/4/10 By 54	Executed on 314/6 By By
Signature of Controlling Officeholder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	Sofiative of Treasurer or Assistant Treasurer

## Campaign Disclosure Statement

Amounts may be rounded

SUMMARY PAGE

FPPC Form 450 (Jan/201 FPPC Advice: advice@fppc.ca.gov (866/275-377		ove \$0	19. Outstanding Debts Add Line 2 + Line 9 in Column B shove
	from Lines 2, 7, and 9 (if any).	NS6 \$	Cash Equivalents and Outstanding Debts  18. Cash Equivalents
	filed for this calendar year, only carry over the amounts	nt 2 \$0	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	be negative figures that should be subtracted from previous period amounts. If this is the first report being	15 \$ 400.11	16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.
Amounts in this section may be different from amounts reported in Column B.	nay na		14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above
	To calculate Column B, add amounts in Column	\$ 666.1	12. Beginning Cash Balance
\$			Current Cash Statement
\$	\$ 67991.82	10 \$200.00	A
Date of Election Total to Date (mm/dd/yy)	0 0	993 0	Accrued Expenses (Unpaid Bills)Schedule F, Line 3     Nonmonetary AdjustmentSchedule C, Line 3
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$ 67991.82	\$ 200.0	SUBTOTAL CASH PAYMENTS
Candidates	\$ 67991.82	79.4 \$	6. Payments MadeSchedule E. Line 4
Evnenditure I imit Summary for State			Expenditures Made
21. Expenditures \$ 200.00 \$	\$ 71019.00	+4 \$ 0	4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED
20. Contributions 8 0 \$			SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date	\$ 60,000.00	63 \$	Monetary Contributions Schedule A. Line 3     Loans Received Schedule B. Line 3
Running in Both the State Primary and General Elections	20 A 20	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Contributions Received
I.D. NUMBER	1	Column	NAME OF FILER
12/31/14 Page of	through		SEE INSTRUCTIONS ON REVERSE
Statement covers period CALIFORNIA 460	Statem Statem	to whole dollars,	Summary Page

#### **Payments Made** Schedule E

Amounts may be rounded to whole dollars.

9

Statement covers period

from -

7/1/14

	through	12/31/14	Page of
NAME OF FILER			I.D. NUMBER

1. Itemized payments made this period. (Include all Schedule E subtotals.)	Schedule E Summary	* Payments that are contributions or independent expenditures must also be summarized on Schedule D		Secretary of State	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER 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.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filling/ballot fees  FND fundraising events IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LT campaign literature and mailings  MBR member communications  MBR member communications  OFC office expenses  PET petition circulating  PHO phone banks  POL polling and survey research  POS postage, delivery and messenger services  PRT print ads  RAD radio airtime and productio  SAL campaign workers' salaries  TEL t.v. or cable airtime and productions  TEL
		edule D.		끝	CODE OR	ayment, 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
				Filing Fees	, z	er the code. engerservices accounting)
69		SUBTOTAL\$			DESCRIPTION OF PAYMENT	Otherwise, describe the payment.  RAD radio airlime and production costs  RFD returned contributions  SAL campaign workers' salaries  TEL t.v. or cable airlime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TSF transfer between committees of the same candidate/sponsor  VOT voter registration  WEB information technology costs (internet, e-mail)
200.00		₩.		200.00	AMOUNT PAID	ts ne candidate/sponsor e-mail)

200.00

0 0

3. 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......\$

### Campaign Statement Recipient Committee

Date Stamp CALIFORNIA 460 COVER PAGE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  MAILING ADDRESS  MAILING ADDRESS	3. Committee Information  COMMITTEE NAME OF CONMITTEES (NAME OF TREASURERS)  COMMITTEE NAME OF CONMITTEES (NO PO. BOX)  STREET ADDRESS (NO PO. BOX)  STATE ZIP CODE AREA CODE/PHONE  NAME OF ASSISTANT TO NAME OF ASSISTANT	. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.  ☐ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall [Miss Complete Part 5] ☐ General Purpose Committee ☐ Sponsored ☐ Sponsored ☐ Sponsored ☐ Sponsored ☐ Sponsored ☐ Primarily Formed Candidate/ ☐ Officeholder Committee ☐ Amendment (Exponsored Candidate/ ☐ Amendment (Exponsored Candidate/ ☐ Amendment (Exponsored Candidate/ ☐ Officeholder Committee	Statement covers period Date of election if applicable: from $\frac{\mu/30/15}{\text{from }\frac{12/3/15}{\text{month, Day, Year}}}$	Cover Page
io .	Treasurer(s)  NAME OF TREASURER  MALLING ADDRESS  PLO BOX 969  OTH ON TO  NAME OF ASSISTANT TREASURER, IF ANY	Preelection Statement: Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)		TP mi
	TATE OF CO.	₩ Quant	MAY 0 6 2016  ***PERIAL COUNTY REGISTRAR OF VOTERS	RECEIVED
	JE AREA CODE/PHONE	Quarterly Statement Special Odd-Year Report	Page of	FORM

### 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 state of California that the foregoing is five and correct.

eignature of Controlling Officeholder, Canadale, State Measure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent rer or Assistant Treasure:

Executed on

Date

Executed on

Date

Executed on

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page		State	Statement covers period 6/30/15	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through.	12/31/15	Page of
NAME OF FILER				I.D. NUMBER
Contributions Received  1. Monetary Contributions Schedule A, Line 3	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  0	Column B CALENDAR YEAR TOTAL TO DATE 10869.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Loans Received	0 0 0	\$ 70869.00 \$ 150.00 \$ 71019.00	20. Contributions Received \$  21. Expenditures  Made \$	0 \$ 200.00 \$
Expenditures Made  6. Payments Made Schedule E, Line 4  7. Loans Made Schedule H, Line 3  8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$ 0	\$ 67991.82 0 \$ 67991.82	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made's production Voluntary Expenditure Limits	e Limit Summary for State  Cumulative Expenditures Made*  If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3 11. TOTAL EXPENDITURES MADEAdd Lines 8+9+10	\$ 0	0 0 \$ 67991.82	Date of Election (mm/dd/yy)	Total to Date
Current Cash Statement  12. Beginning Cash Balance	\$ 466.11 0 0 0 0 0 0 466.11	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	*Amounts in this section m reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
LOAN GUARANTEES RECEIVED  Sh Equivalents and Outsta  Cash Equivalents		filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B sbove	\$ 0		FPPC Advice: advice	FPPC Advice: advice@fapc.ca.gov /866/275:377

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Courrent Cash Statement       Add Lines 12 + 13 + 14, then subtract Line 15        466.11       To calculate Column B, add amounts in Column B, add amounts in Column B, add amounts from Column B.         3. Cash Receipts       0       add amounts in Column A to the corresponding amounts from Column B.         4. Miscellaneous Increases to Cash       Column A, Line 8 above       0         5. Cash Payments       466.11       0         6. ENDING CASH BALANCE       Add Lines 12 + 13 + 14, then subtract Line 15       \$         8. ENDING CASH BALANCE       Add Lines 12 + 13 + 14, then subtract Line 15       \$         9. LOAN GUARANTEES RECEIVED       Schedule B. Part 2       \$         7. LOAN GUARANTEES RECEIVED       Schedule B. Part 2       \$         2. Cash Equivalents       0       0         3. Cash Receipts       0       0         466.11       11       11         5. Cash Balance       466.11       11         6. ENDING CASH BALANCE       466.11       11         6. ENDING CASH BALANCE       Add Lines 12 + 13 + 14, then subtract Line 15       \$         7. LOAN GUARANTEES RECEIVED       Schedule B. Part 2       \$         8. Cash Equivalents       See instructions on reverse       \$         9. Outstanding Debts       Add Lines 2 + Line 9 in Column B ebove       \$	Expenditures Made       Schedule E, Line 4       \$       0       \$       67991         Payments Made       Schedule H, Line 3       0        0	Column A column A column A column A column B column Column B column Column B column Col	Summary Page  EE INSTRUCTIONS ON REVERSE  AME OF FILER
*Amour reporte	Expenditure  Candidates  Candidates  Date of E  (mm/dd	8 8 8 8	Statement covers period 1/1/15 from 6/30/15
*Amounts in this section may be different from amounts reported in Column B.  FPPC Form 450 (Jan/2014	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)  \$	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 \$	CALIFORNIA 460 FORM of

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State Measure Proponent State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent		Date	Executed on
ntained herein and in the attached schedules  Assistant Treasurer  assure Proponent or Responsible Officer of Sponsor	ne best of my knowledge the information contained herein and in the attached sche ng is true and correct.  Signalure of Assistant Treasurer  Signalure of Assistant Treasurer  Signalure of Convolung Officeroider, Candidate, State Measure Proponent or Responsible Officer of Sponsor	ing and reviewing this statement and to the best of my knowle of the State of California that the foregoing is true and correct By  By  By  Signature of Controlling Off	reasonable diligence in prepari snalty of perjury under the laws on 5/20/ on 5/20/	4. Verification I have used all reacertify under pena Executed on Executed on
STATE ZIP CODE	MALING ADDRESS OFTIONAL FAX E-MAIL ADDRESS	AREA CODE/PHONE	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PIO. BOX PO BOX 969 CITY STATE ZIP CODE EL CENTRO CA 92244 OPTIONAL FAX / E-MAIL ADDRESS	MAILING ADDRESS PO BOX 969 CITY EL CENTRO OPTIONAL FAX / E
5	NAME OF ASSISTANT TREASURER, IF ANY	AREA CODE/PHONE	STATE ZIP CODE	OITY
STATE 2-2 OFFICE	ANGELA SUCHMA MAILING ADDRESS 683 LAS DUNAS ST	ion District Division	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Committee to Elect Bruce Kuhn for Imperial Irrigation District Division #2	COMMITTEE Committe
	Treasurer(s)	1.D. NUMBER 1348223	Committee Information 1.0.1	3. Committ
ouarterly Statement special Odd-Year Report Permination)  Peliow)  W 20144 2015	Preclection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) NO Churge HO Dalunce Iw 21	Primarily Formed Ballot Measure Committee Controlled Sponsored (Asso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Asso Complete Part 7)	Candidate Controlled Committee	Officeholder, of State Cand Officeholder, of State Cand Officeholder Part I Also Complete Part I Sponsored Officeholder Of
	2. Type of Statement:	lete Parts 1, 2, 3, and 4.	Type of Recipient Committee: All Committees Complete Parts 1, 2, 3, and 4	1. Type of I
MAY 2 0 2016 Page - IMPERIAL COUNTY REGISTRAR OF VOTERS	Date of election if applicable: (Month, Day, Year)	Statement covers period from	SEE INSTRUCTIONS ON REVERSE	EE INSTRUCTO
Pate Stamp CALIFORNIA 460			Recipient Committee Campaign Statement Cover Page	Recipient C Campaign S Cover Page

#### Recipient Committee Campaign Statement Cover Page — Part 2



	Attach continuation sheets if necessary	:h continuation	Апас	AREA CODE/PHONE	STATE ZIP CODE	CITY	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	YES NO	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	ANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	NITEGO E ED OCIALITARIO	3	2017 00 700 00	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NODATE	NAME OF OFFICEHOLDER OR CANDIDATE	DE AREA CODEPHONE	STATE ZIP CODE	COMMITTEE NAME	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NOIDATE	NAME OF OFFICEHOLDER OR CANDIDATE		(NO PO. BOX)	COMMITTEE ADDRESS	
names of	holder Committee List (	idate/Office for which this c	<ol> <li>Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.</li> </ol>	CONTROLLED COMMITTEE?	20	COMMITTEE NAME	
ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	Perit: List any committees primarily formed to receive	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.	Related Committee not included in this state contributions or make ex	
	PONENT	DIDATE, OR PRO	NAME OF OFFICEHOLDER. CANDIDATE, OR PROPONENT	RO CA 92244	EL CENTRO	PO BOX 969	
tent, if any.	late, or state measure propon	holder, candida	identify the controlling officeholder, candidate, or state measure proponent, if any.	STA	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	RESIDENTIAL/BUSINESS A	
OPP0SE					IMPERIAL IRRIGATION DISTRICT DIV. #2	IMPERIAL IRRIGAT	
SUPPORT		JURISDICTION	BALLOT NO. OR LETTER	MBER IF APPLICABLE)	BRUCE KUHN  OFFICE SOUGHT OR HELD (NOCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE	BRUCE KUHN OFFICE SOUGHT OR HELD	
			NAME OF BALLOT MEASURE		OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	
	committee	Measure C	6. Primarily Formed Ballot Measure Committee	0	Officeholder or Candidate Controlled Committee	5. Officeholder or Car	OI

# Campaign Disclosure Statement

12. Beginning Cash Balance	Expenditures Made       Schedule E, Line 4       S. 0       S. 0       Ex         6. Payments Made       Schedule F, Line 3       0       0       0         7. Loans Made       Schedule H, Line 3       0       0       0         8. SUBTOTAL CASH PAYMENTS       Add Lines 6 + 7       \$       0       0         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	Contributions Received  Column A Column B Column B Column B Column B CALENDAR YEAR RECEIVED  1. Monetary Contributions	Summary Page  Statement to whole dollars.  Statement to whole dollars.  Statement to whole dollars.  From  SEE INSTRUCTIONS ON REVERSE  NAME OF FILER
*Amounts in this section r reported in Column B.	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made  (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy)  \$	Calendar Year Sun Running in Both th General Elections 1/11 20. Contributions Received \$	Statement covers period 1/1/15 1 6/30/15
*Amounts in this section may be different from amounts reported in Column B.	e Limit Summary for State  Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) lection Total to Date (If yy)	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 22. Expenditures \$ 0 \$	CALIFORNIA 460 FORM 7 9 9 9 10. NUMBER 1348223

Recipient Committee Campaign Statement Cover Page Date Stamp SALVEN PRO COVER PAGE
CALIFORNIA 460

		7.	
	Statement covers period	Date of election if applicable: (Month, Day, Year)	WAY 9 2016 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 4 /23/16	6/7/16	REGISTRAN OF VQTERS
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	s Complete 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     Corpose Part 61	<ul> <li>☐ Preelection Statement</li> <li>☐ Semi-annual Statement</li> <li>☐ Termination Statement</li> <li>(Also file a Form 410 Termination)</li> </ul>	Quarterly Statement Special Odd-Year Report mination)
<ul> <li>General Purpose Committee</li> <li>Sponsored</li> <li>Small Contributor Committee</li> <li>Political Party/Central Committee</li> </ul>	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Amendment (Explain below)	low)
3. Committee Information	1.D. NUMBER 1348223	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Committee to Elect Bruce Kuhn for Imperial Irrigation District Division	E) Irrigation District Division	NAME OF TREASURER ANGELA SUCHMA	
#2		MAILING ADDRESS 663 LAS DUNAS ST	
STREET ADDRESS (NO P.O. BOX)	AAR VALE MARAAMINA AMAAAA KANAAMINA MARAAMIN MARAAMIN MARAAMIN MARAAMIN MARAAMIN MARAAMIN MARAAMIN MARAAMIN MA	여가	STATE ZIP CODE AREA CODE/PHONE
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	, IF ANY
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX PO BOX 969	BOX	MAILING ADDRESS	
STATE	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CODE AREA CODE/PHONE
CA	92244	OPTIONAL EAY / E.MAII ADDRESS	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	

#### 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	Execuled onOate	Executed on $5/(c)/\phi$	Executed on 5/6/16
By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	By Mally Juch Mr. Signature of Tragative of Tragstrian Treasurer

www.fppc.ca.gov

### **Summary Page** Campaign Disclosure Statement

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page		Stat	Statement covers period 1/1/16	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	4/23/16	Page 2 of 6
NAME OF FILER COMMITTEE TO ELECT BRUCE KUHN IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2	DISTRICT DIRECTOR	? DIVISION #2		I.D. NUMBER
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	nary for Candidates State Primary and
1. Monetary Contributions	2,500.00 25,000.00 27,500.00 0 27,500.00	\$ 2,500.00 \$ 25,000.00 \$ 27,500.00 0 \$ 27,500.00	General Elections  1/1 thu 20. Contributions Received \$ 21. Expenditures Made \$	7/1 through 6/30 7/1 to Date
Expenditures Made  6. Payments Made	18369.19 0	\$ <u>18369.19</u> 0	8 5 1	ummary for State
SUBTOTAL CASH PAYMENTSAccrued Expenses (Unpaid Bills)	18369.19 0 0 18369.19	\$ 18369.19 0 18369.19 \$	22. Cumulative (it subject to v. Date of Election (mm/dd/yy)	(If Subject to Voluntary Expenditures Made* lection Total to Date flyy)
Current Cash Statement  12. Beginning Cash Balance	466.11 27,500.00 0 18369.19 9596.92	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	*Amounts in this section ma reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
LOAN GUARANTEES RECEIVED	0 0 0	this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$	0			EPPC Form 460 (lan/2014)

## Schedule A Monetary Co

Amounts may be rounded

SCHEDULE A

SCC - Small Contributor Committee	scc-	2,500.00	)* TOTAL \$	mn A, Line 1.	lotal monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	3. Total mone (Add Lines
OTH Other (e.g., business entity) PTY Political Party	- ALO	0	\$100\$	s of less than	Amount received this period – unitemized monetary contributions of less than \$100	
IND - Individual  COM - Recipient Committee	COM -	2,500.00	€		Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	<ol> <li>Amount re (Include al</li> </ol>
*Contributor Codes	*Contri				A Summary	Schedule A
			\$ subtotal			
				O PTY		
				SCC		
				DDDDD SCC SCC SCC SCC SCC SCC SCC SCC SC		
				DOTH SCC		
0 2,500.00		2,500.00	JAMES ABATTI MADJAC FARMS OWNER	D SCC	JAMES ABATTI PO BOX 2135 EL CENTRO, CA 92244	5/6/16
PER ELECTION TO DATE TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE RECEIVED
I.D. NUMBER			DIRECTOR DIVISION #2	N DISTRICT	R REE TO ELECT BRUCE KUHN IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2	NAME OF FILER COMMITTEE
Page 3 of 6	4/23/16	through4			SEE INSTRUCTIONS ON REVERSE	SEE INSTRUCTI
CALIFORNIA 460	overs period 1/1/16	Statement covers period 1/1/16	to whole dollars.	6	Monetary Contributions Received	Monetan

Amounts may be rounded

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SCC - Small Contributor Committee	SCC	(May be a negative number)	<b>49</b>	Z m T		e 2 from Line 1.) y Page, Column A, Line 2.	<ol> <li>Net change this period. (Subtract Line 2 from Line 1.)</li> <li>Enter the net here and on the Summary Page, Column A.</li> </ol>
27,500 IND - Individual COM - Recipient Committee (other than PTY or St	,500	27	<b>&amp;</b>		dule A.)	00 paid or forgiven.) t are also itemized on Sche	<ol> <li>Loans paid or forgiven this period</li></ol>
27,500	7,500	2	<b>с</b> я			s of less than \$100.)	Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)
(Enter (e) on Schedule E, Lina 3)	1						Schedule B Summary
\$		49		\$	SUBTOTALS \$		
S	DU€	DATE DUE	\$	to	Í		OND COM COTH CPTY SCC
RATE		S	FORGIVEN				
			☐ PAID				
DUE S	DUE	DATE DUE		6	ĺ		I O IND C COM C OTH C PTY C SCC
PATE %		S	FORGIVEN				
			PAID				
N/A s 0	E DUE	DAT	0	\$ 27,500	\$ 27,500		TO IND COM COTH CPTY SCC
27500 0 %	27500	<u> </u>	FORGIVEN			LANULE VELING	903 W. MCCABE RD. EL CENTRO, CA 92243 (PERSONAL LOAN)
			PAID	*****		BRUCE KUHN	BRUCE KUHN
(a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ANDING ANDING VICE AT OF THIS VIOD	C & C	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	OUTSTANDING BALANCE BEGINNING THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
			ON #2	CTOR DIVISI	ISTRICT DIRE	ELECT BRUCE KUHN IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2	COMMITTEE TO ELECT BRUCE KUHN
		į					NAME OF FILER
4/23/16		through					SEE INSTRUCTIONS ON REVERSE
1/1/16	1/1	from	<b>-</b>				Loans Received
Statement covers period	ment cov	State		Ň	to whole dollars.		Schedule B - Part 1

#### **Payments Made** Schedule E

Amounts may be rounded to whole dollars.

from Statement covers period 1/1/16 4/23/16 Page \_ FORM

NAME OF FILER COMMITTEE TO ELECT BRUCE KUHN IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2 through\_ 1348223 I.D. NUMBER 으,

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, CMP campaign paraphemalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  Fit. candidate filing/ballot fees  FND fundraising events IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  MR member communications  MR member communications  ATG meetings and appearances  OFC office expenses  SAL  PET petition circulating  PHO phone banks  FOL polling and survey research TRS  POS postage, delivery and messonger services TSF  PRO professional services (legal, accounting) WEE	ayment, you may ent member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads	ayment, you may enter the code. Otherwise, describe the payment.  RAD radio airtime and production costs 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 TEL t.v. or cable airtime and production costs trac candidate travel, lodging, and meals staff/spouse travel, lodging, and meals VOT voter registration WEB information technology costs (internet, e-mail)	candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
IMPERIAL PRINTERS 430 MAIN ST. EL CENTRO, CA 92243	CMP	CAMPAIGN FLYERS	1,647.00
IMPERIAL VALLEY PRESS 205 N. MAIN ST. EL CENTRO, CA92243	PRT	CAMPAIGN ADS	6,169.19
ALL SPORTS INTERNATIONAL 218 HEFFERNAN AVE. CALEXICO, CA 92231	CMP	CAMPAIGN BANNERS	5057.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	dule D.	SUBTOTAL \$	12873.19
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.)		\$	18369.19
Unitemized payments made this period of under \$100      Total interest paid this period on loans. (Enter amount from Schedule B. Part 1, Column (e).)	1. Column	n (e) )	0
	) (		18369 19

Ņ 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)...... TOTAL \$ ω 18308.18

### Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

a.

Statement covers period

SCHEDULE E (CONT.)

CALIFORNIA

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. COMMITTEE TO ELECT BRUCE KUHN IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2 from through 4/23/16 1/1/16 1348223 Page\_ I.D. NUMBER FORM 6 100

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		KXO RADIO 420 MAIN ST. EL CENTRO, CA 92243	SECRATERY OF THE STATE POLITICAL REFORM DIVISION PO BOX 1467 SACRAMENO, CA 95812-1467	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  PET petition circulating  PHO phone banks  PHO phone banks  POL polling and survey research  IND independent expenditure supporting/opposing others (explain)*  PRO professional services (legal  PRT print ads
D. SUBTOTAL \$		CAMPAIGN RADIO ADS	CANDIDATE FILING FEES	CODE OR DESCRIPTION OF PAYMENT	meetings and appearances  office expenses  office expenses  petition circulating  phone banks  phone banks  polling and survey research  postage, delivery and messenger services  professional services (legal, accounting)  print ads  RFD returned contributions  RAL campaign workers' salaries  t.v. or cable airlime and production costs  TRC candidate travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TRS staff/spouse travel, lodging, and meals  TRS transfer between committees of the same candidate/sponsor  VOT voter registration  WEB information technology costs (internet, e-mail)
5496.00		5046.00	460.00	AMOUNT PAID	e candidate/sponsor

#### Cover Page Campaign Statement Recipient Committee

SEE INSTRUCTIONS ON REVERSE General Purpose Committee EL CENTRO MAILING ADDRÉSS (IF DIFFERENT) NO. AND STREET OR P.O. BOX STREET ADDRESS (NO P.O. BOX) Committee Information Officeholder, Candidate Controlled Committee
State Candidate Election Committee Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. PO BOX 969 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Committee to Elect Bruce Kuhn for Imperial Irrigation District Division Small Contributor Committee
Political Party/Central Committee (Also Complete Part 5) O Recall STATE STATE S 92244 ZIP CODE ZIP CODE I.D. NUMBER 1348223 Primarily Formed Candidate/ Sponsored
(Also Complete Part 6) Officeholder Committee (Also Complete Part 7) Primarily Formed Ballot Measure O Controlled Committee from through Statement covers period AREA CODE/PHONE AREA CODE/PHONE 126 1)6 6 Date of election if applicable: (Month, Day, Year) Ы NAME OF ASSISTANT TREASURER, IF ANY 663 LAS DUNAS ST ANGELA SUCHMA MAILING ADDRESS MAILING ADDRESS NAME OF TREASURER Treasurer(s) Preelection Statement

Semi-annual Statemen Type of Statement: Amendment (Explain below) Termination Statement Semi-annual Statement (Also file a Form 410 Termination) REGISTRAR OF VOTERS IMPERIAL COUNTY MAY 2 6 2016 RECEIVED Date Stamp STATE STATE ZIP CODE ZIP CODE Special Odd-Year Report Quarterly Statement Page \_ CALIFORNIA 460 FORM For Official Use Only AREA CODE/PHONE AREA CODE/PHONE 약 COVER PAGE

#### Verification

OPTIONAL: FAX / E-MAIL ADDRESS

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.

OPTIONAL: FAX / E-MAIL ADDRESS

Executed on Date	Executed on	Executed on 5-26-16	Executed on 526-16
By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officeholder, Candidate, State Measure Proponent	By Signature of Controlling Officerolder, Candidate, State Measure Proponent or Responsible Officer of Sportage	By Church Suchna

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE
CALIFORNIA 160

Statement covers period

FPPC Form 460 (Jan/201		0	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
		0	Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse
	filed for this calendar year, only carry over the amounts	\$0	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
	be negative figures that should be subtracted from previous period amounts. If	- 0,000.00	If this is a termination statement, Line 16 must be zero.
reported in Column B.		1,402.23	15. Cash Payments Column A, Line 8 above
*Amounts in this section may be different from amounts	add amounts in Column A to the corresponding	2,199.00 0	: :
\$	7	\$ 9596.92	Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16
\$	\$19,771.42	\$ 1,402.23	11. TOTAL EXPENDITURES MADE
Date of Election Total to Date (mm/dd/yy)	0	0	
22. Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit)	\$ 19,771.42	\$ 1,402.23	SUBTOTAL CASH PAYMENTS
Expenditure Limit Summary for State Candidates	\$ <u>19,771.42</u>	\$	Expenditures Made  6. Payments MadeSchedule E, Line 4  7. Loans MadeSchedule H, Line 3
Made \$	\$ 29,699.00	\$ 2,199.00	IBUTIONS RECEIVED
	\$ 29,699.00	\$ 2,199,00	SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date			***************************************
General Elections	\$ 4,699.00	\$ 2,199.00	1. Monetary Contributions Schedule A, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received
I.D. NUMBER			BRUCE KUHN
5/26/16 Page 2 of 4	through _		SEE INSTRUCTIONS ON REVERSE
4/24/16 FORM	from		

#### Payments Made Schedule E

Amounts may be rounded to whole dollars.

from Statement covers period 4/24/16

CALIFOR FORM

9

SEE INSTRUCTIONS ON REVERSE BRUCE KUHN through 5/26/16 Page Di I.D. NUMBER

Schedule E Summary \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. 티 FND FCVC CYB 525 ANDRADE AVE CALEXICO, CA 92231 CA DISTRICT 22 LITTLE LEAGUE EL CENTRO, CA 92243 430 MAIN ST. Ē CALEXICO, CA 92231 218 HEFFERNAN AVE ALL SPORTS INTERNATIONAL CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, IMPERIAL PRINTERS civic donations contribution (explain nonmonetary)\* campaign paraphemalia/misc. campaign literature and mailings independent expenditure supporting/opposing others (explain)\* fundraising events candidate filing/ballot fees campaign consultants legal defense NAME AND ADDRESS OF PAYER OF COMMITTEE, ALSO ENTER LD. NUMBER) PROS 뫈 OFC POL PET MTG member communications postage, delivery and messenger services professional services (legal, accounting) polling and survey research phone banks petition circulating office expenses meetings and appearances CODE CVC S DONATION TO LITTLE LEAGUE CAMPAIGN FLYERS CAMPAIGN BANNERS DESCRIPTION OF PAYMENT 젊정류 RFD TSF intermet, e-mail voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals returned contributions radio airtime and production costs t.v. or cable airtime and production costs campaign workers' salaries SUBTOTAL \$ AMOUNT PAID 1,402.23 832.23 250.00 320.00

- 2. Unitemized payments made this period of under \$100..... Itemized payments made this period. (Include all Schedule E subtotals.).....
- ယ Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......(e).)
- 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL \$ 69

FPPC Advice: advice@fppc.ca.gov (866/275-3772) FPPC Form 460 (Jan/2016)

69

402.23

1,402.23

### Monetary Contributions Received Schedule A

SEE INSTRUCTIONS ON REVERSE

BRUCE KUHN

Amounts may be rounded to whole dollars.

C A

SCHEDULE A

from through Statement covers period 4/24/16 5/26/16

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I.D. NUMBER

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5/12/2016 5/20/2016 5/12/2016 DATE RECEIVED FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER (.D. NUMBER) EL CENTRO, CA 92243 JOHN EDFAR SNIVELY JR. HOLTVILLE, CA 92250 BEN ABATTI JR. 1150 GLENWOOD DR BRAWLEY, CA 92227 5300 KALIN RD CARSON KALIN **1548 ZENOS RD** CONTRIBUTOR SPER SIN ODDDD Weeken OSC PIPOLING MANAGEMENT OF THE PROPERTY OF THE DDDDD ALABO Wood Man SCC POTENTS OWNER UNKNOWN OWNER **BAJA FARMS** KALIN FARMS IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) SUBTOTAL \$ AMOUNT RECEIVED THIS PERIOD 2,100.00 1,000.00 1,000.00 100.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 1,000.00 1,000.00 100.00 PER ELECTION TO DATE (IF REQUIRED)

### Schedule A Summary

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

SCC - Small Contributor Committee

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

IND - Individual \*Contributor Codes

2,199.00

99.00