

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

**CALIFORNIA
FORM
460**

Page _____ of _____
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

| | | |
|--|--|---|
| Statement covers period from <u>10/21/2012</u> through <u>12/31/2012</u> | Date of election if applicable: (Month, Day, Year) <u>2012 11 21 PM 4:38</u> | Date Stamp <u>Received</u> <u>Imperial County ROV</u> |
|--|--|---|

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)

I.D. NUMBER
1348223

COMMITTEE TO ELECT BRUCE KUHN FOR IMPERIAL IRRIGATION
DISTRICT DIRECTOR DIVISION #2

Treasurer(s)

NAME OF TREASURER

KRISTY CURRY

MAILING ADDRESS

1474 HWY 86

CITY

EL CENTRO

NAME OF ASSISTANT TREASURER, IF ANY

ANGELA SUCHMA

MAILING ADDRESS

189 W BIANCA CT

CITY

IMPERIAL

OPTIONAL FAX / E-MAIL ADDRESS

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

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

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

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL FAX / E-MAIL ADDRESS _____

CITY EL CENTRO STATE CA ZIP CODE 92243 AREA CODE/PHONE _____

CITY IMPERIAL STATE CA ZIP CODE 92251 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 11/31/13 Date

Executed on 11/31/13 Date

By Stephla Suchma Signature of Treasurer or Assistant Treasurer

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

Executed on _____ Date

Executed on _____ Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

| | |
|--|---------------------|
| Statement covers period from 10/21/2012 through 12/31/2012 | Page _____ of _____ |
| CALIFORNIA FORM 460 | |
| 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 | Schedule A, Line 3 \$ 1,347.00 | \$ 10,869.00 |
| 2. Loans Received | Schedule B, Line 3 -0- | 60,000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 \$ 1,347.00 | \$ 70,869.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 -0- | 150.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 \$ 1,347.00 | \$ 71,019.00 |

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

| | | | |
|----------------------------|----------|------------------|-------------|
| 20. Contributions Received | \$ _____ | 1/1 through 6/30 | 7/1 to Date |
| 21. Expenditures Made | \$ _____ | | |

Expenditures Made

| | | |
|--|----------------------------------|--------------|
| 6. Payments Made | Schedule E, Line 4 \$ 1,750.11 | \$ 67,657.57 |
| 7. Loans Made | Schedule H, Line 3 -0- | -0- |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 \$ 1,750.11 | \$ 67,657.57 |
| 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 \$ 1,750.11 | \$ 67,657.57 |

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).

12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 3,300.29

13. Cash Receipts Column A, Line 3 above \$ 1,347.00

14. Miscellaneous Increases to Cash Schedule I, Line 4 -0-

15. Cash Payments Column A, Line 8 above \$ 1,850.11

16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,450.18

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 \$ 60,000.00

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 ID 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 |
| SUBTOTAL \$ | | | | \$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 covers period
from 10/21/2012
through 12/31/2012

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE
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 * <small>IND COM OTH PTY SCC</small> | 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> |
|--------------------|--|---|--|-----------------------------|---|--|
| 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 |
| SUBTOTAL \$ | | | | -0- | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,000.00
..... \$ \$347.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,347.00
- 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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BRUCE KUHN

Statement covers period
from 10/21/2012
through 12/31/2012
Page _____ of _____
I.D. NUMBER
1348223

| FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD * | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|--|---|--|--|---|--|--------------------------------------|---|
| BRUCE KUHN 1240 DREW RD EL CENTRO, CA 92243 | KUHN LAND LEVELLING | \$ 60,000 | -0- | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$ 60,000 12/31/12 | 0 % -0- | \$ -0- 4/4/2012 | CALENDAR YEAR \$ 60,000 PER ELECTION** |
| <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | % RATE | DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | % RATE | DATE INCURRED | CALENDAR YEAR \$ PER ELECTION** |
| SUBTOTALS \$ | | -0- | \$ | 60,000 | \$ | -0- | | |

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

Schedule B Summary

- 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-**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

TContributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (other than PTY or SCC)
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 10/21/2012
through 12/31/2012

CALIFORNIA
FORM 460
Page _____ of _____
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.

- | | | | | | |
|-----|---|-----|---|-----|---|
| CNP | 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 | PHD | 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) | VOI | 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 |
|--|------|----|------------------------|-------------|
| 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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BRUCE KUHN

| | |
|--|---------------------|
| Statement covers period from <u>10/21/2012</u> through <u>12/31/2012</u> | Page _____ of _____ |
| CALIFORNIA FORM 460 | |
| I.D. NUMBER 1348223 | |

SCHEDULE E (CONT.)

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 |
| 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 | 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 |
|---|------|----------------|------------------------|-------------|
| LIDIA ARCELL 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

CALIFORNIA
FORM 460

Page _____ of _____

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.

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

| NAME AND ADDRESS OF PAYEE (if COMMITTEE, ALSO 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 |
| SEE INSTRUCTIONS ON REVERSE | | 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 to Elect Bruce Kuhn for Imperial Inngation District Division #2

I.D. NUMBER
1348223

STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE

Treasurer(s)

NAME OF TREASURER
Angela Suchma

MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
1665 Las Dunas

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 3/14/14 Date
By [Signature] Signature of Treasurer

Executed on 3/14/14 Date
By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date
By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on _____ Date
By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

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 7/1/14
through 12/31/14

Page _____ of _____
I.D. NUMBER

CALIFORNIA
FORM
460

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 |

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 \$

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 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(# Subject to Voluntary Expenditure Limit)

Date of Election (m/dd/yy) Total to Date

_____/_____/____ \$ _____

_____/_____/____ \$ _____

Current Cash Statement

| | | |
|-------------------------------------|---|-----------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 666.11 | \$ 666.11 |
| 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 0 | 0 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 466.11 | \$ 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 | \$ _____ |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 0 |

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).

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

- | | | |
|---|---|---|
| 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 | 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 | PRI 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 |
| SUBTOTAL \$ | | | | |

* 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

| | |
|---|----------------------------------|
| Date Stamp RECEIVED MAY 06 2016 SERRIAL COUNTY REGISTRAR OF VOTERS | CALIFORNIA FORM 460 |
| Page _____ of _____ | For Official Use Only |

SEE INSTRUCTIONS ON REVERSE

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

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

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:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER _____

Treasurer(s)

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

NAME OF TREASURER
Angela Suetama

STREET ADDRESS (NO P.O. BOX)
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

MAILING ADDRESS
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)
P.O. Box 9169

MAILING ADDRESS
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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 Date
Executed on 5/5/16 Date

By Angela Suetama Signature of Treasurer or Assistant Treasurer
By [Signature] Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date
Executed on _____ Date

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent
By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 6/30/15 through 12/31/15

Page 1 of 1

CALIFORNIA FORUM 460

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

Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made* (if subject to Voluntary Expenditure Limit) | Date of Election (m/mdd/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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

| | |
|---|----------------------------------|
| Statement covers period from 1/1/15 through 6/30/15 | CALIFORNIA FORM 460 |
| 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 | \$ 0 | \$ 67991.82 |
| 7. Loans Made | \$ 0 | \$ 0 |
| 8. SUBTOTAL CASH PAYMENTS | \$ 0 | \$ 67991.82 |
| 9. Accrued Expenses (Unpaid Bills) | \$ 0 | \$ 0 |
| 10. Nonmonetary Adjustment | \$ 0 | \$ 0 |
| 11. TOTAL EXPENDITURES MADE | \$ 0 | \$ 67991.82 |

Current Cash Statement

| | | |
|-------------------------------------|--------|--|
| 12. Beginning Cash Balance | 466.11 | |
| 13. Cash Receipts | 0 | |
| 14. Miscellaneous Increases to Cash | 0 | |
| 15. Cash Payments | 0 | |
| 16. ENDING CASH BALANCE | 466.11 | |

Cash Equivalents and Outstanding Debts

| | |
|------------------------------|------|
| 17. LOAN GUARANTEES RECEIVED | \$ 0 |
| 18. Cash Equivalents | \$ 0 |
| 19. Outstanding Debts | \$ 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* (if subject to Voluntary Expenditure Limit) | | Total to Date |
| Date of Election (mm/dd/yy) | | \$ _____ |
| | | \$ _____ |

*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).

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 4/1/15
through 6/30/15

Date of election if applicable:
(Month, Day, Year)
6/7/16

| | |
|--|----------------------------|
| Date Stamp RECEIVED MAY 20 2016 IMPERIAL COUNTY REGISTRAR OF VOTERS | CALIFORNIA FORM 460 |
| Page <u>1</u> of <u>5</u> | 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:

- Pre-election Statement
 - Semi-annual Statement
 - Termination Statement
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
- NO change to bank account balance in 2014 & 2015.

3. Committee Information

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

NAME OF TREASURER
ANGELA SUCHIMA

STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

HAILING ADDRESS
663 LAS DUNAS ST
CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS

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.

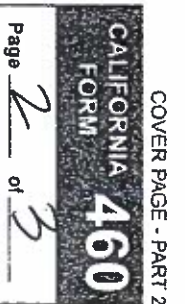
Executed on 5/20/16 Date
Executed on 5/20/16 Date

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

Executed on _____ Date
Executed on _____ Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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



COVER PAGE - PART 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
BRUCE KUHN
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
IMPERIAL IRRIGATION DISTRICT DIV. #2
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
PO BOX 969 EL CENTRO CA 92244

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

| COMMITTEE NAME | I.D. NUMBER | CONTROLLED COMMITTEE? |
|-------------------|------------------------------|---|
| | 134823 | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME OF TREASURER | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | |
| CITY | STATE | ZIP CODE AREA CODE/PHONE |
| COMMITTEE NAME | I.D. NUMBER | |
| NAME OF TREASURER | | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) | |
| CITY | STATE | ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

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 1/1/15 through 6/30/15

CALIFORNIA FORM 460

Page 3 of 9

I.D. NUMBER 1348223

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------|--|--|
| 1. Monetary Contributions | \$ 0 | 0 |
| 2. Loans Received | 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | \$ 0 | 0 |
| 4. Nonmonetary Contributions | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | \$ 0 | 0 |

Expenditures Made

| | | | |
|------------------------------------|----------------------|------|---|
| 6. Payments Made | Schedule E, Line 4 | \$ 0 | 0 |
| 7. Loans Made | Schedule F, Line 3 | 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 | 0 |

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 | |

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

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

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

| | | |
|---|--|---|
| Statement covers period from <u>1/1/16</u> through <u>4/23/16</u> | Date of election if applicable: (Month, Day, Year) <u>6/7/16</u> | Date Stamp RECEIVED MAY 09 2016 IMPERIAL COUNTY REGISTRAR OF VOTERS |
| CALIFORNIA FORM 460 For Official Use Only Page <u>1</u> of <u>6</u> | | |

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 Irrigation 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
PO BOX 969
 CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

EL CENTRO CA 92244
 OPTIONAL: FAX/E-MAIL ADDRESS _____

NAME OF TREASURER
ANGELA SUCHMIA
 MAILING ADDRESS
663 LAS DUNAS ST
 CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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

OPTIONAL: FAX/E-MAIL ADDRESS _____

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 5/6/16 Date
 Executed on 5/6/16 Date
 Executed on _____ Date
 Executed on _____ Date

By Angela Suchmia Signature of Treasurer or Assistant Treasurer
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 1/1/16 through 4/23/16

CALIFORNIA FORM 460

Page 2 of 6

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
COMMITTEE TO ELECT BRUCE KUHN IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

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 \$ 2,500.00 | \$ 2,500.00 |
| 2. Loans Received..... | Schedule B, Line 3 \$ 25,000.00 | \$ 25,000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 \$ 27,500.00 | \$ 27,500.00 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 \$ 0 | \$ 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 \$ 27,500.00 | \$ 27,500.00 |

Expenditures Made

| | | |
|---|-------------------------------------|-------------|
| 6. Payments Made..... | Schedule E, Line 4 \$ 18369.19 | \$ 18369.19 |
| 7. Loans Made..... | Schedule H, Line 3 \$ 0 | \$ 0 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 \$ 18369.19 | \$ 18369.19 |
| 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 \$ 18369.19 | \$ 18369.19 |

Current Cash Statement

| | | |
|--|---|--|
| 12. Beginning Cash Balance..... | Previous Summary Page, Line 16 \$ 466.11 | |
| 13. Cash Receipts..... | Column A, Line 3 above \$ 27,500.00 | |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4 \$ 0 | |
| 15. Cash Payments..... | Column A, Line 8 above \$ 18369.19 | |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 \$ 9596.92 | |

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

| | | |
|----------------------------|------------------|-------------|
| 20. Contributions Received | 1/1 through 6/30 | 7/1 to Date |
| \$ 2,500 | \$ | \$ |
| 21. Expenditures Made | \$ | \$ |

Expenditure Limit Summary for State Candidates

| | | |
|--|--------------------------------|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | Date of Election (mm/dd/yy) | Total to Date |
| \$ | / / | \$ |
| \$ | / / | \$ |

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

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

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 1/1/16
through 4/23/16

Page 3 of 6

CALIFORNIA FORM 460

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: COMMITTEE TO ELECT BRUCE KUHN IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

I.D. NUMBER

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 5/6/16 | JAMES ABATTI PO BOX 2135 EL CENTRO, CA 92244 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | JAMES ABATTI MADJAC FARMS OWNER | 2,500.00 | 0 | 2,500.00 |
| SUBTOTAL \$ | | | | | | |

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,500.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period:
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2,500.00

*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

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/16 through 4/23/16

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Page 4 of 6
I.D. NUMBER

COMMITTEE TO ELECT BRUCE KUHN IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|--|---|---------------------------------|--|---|-------------------------------|-----------------------------|--|
| BRUCE KUHN 903 W. MCCABE RD. EL CENTRO, CA 92243 (PERSONAL LOAN) | BRUCE KUHN LANDLEVELING | \$ 27,500 | \$ 27,500 | <input checked="" type="checkbox"/> PAID 0 <input type="checkbox"/> FORGIVEN 0 | \$ 27,500 N/A DATE DUE | 0 % 0 | \$ 27,500 DATE INCURRED | CALENDAR YEAR \$ 27,500 PER ELECTION** |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | % RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | % RATE | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** |
| SUBTOTALS | | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

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

Schedule B Summary

- Loans received this period \$ 27,500
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 27,500
(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
(other than PTY or SCC)
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
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period
from 1/1/16
through 4/23/16

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1348223

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

COMMITTEE TO ELECT BRUCE KUHN IMPERIAL IRRIGATION DISTRICT DIRECTOR DIVISION #2

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

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

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO 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 |
| SUBTOTAL \$ | | | | 12873.19 |

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 18369.19
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 18369.19**

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

| | | | | | |
|-----------------------------|--|--|--|---|----------------------------------|
| SEE INSTRUCTIONS ON REVERSE | | Statement covers period from <u>4/24/16</u> through <u>5/26/16</u> | | Date Stamp RECEIVED MAY 26 2016 IMPERIAL COUNTY REGISTRAR OF VOTERS | CALIFORNIA FORM 460 |
| | | Date of election if applicable: (Month, Day, Year) <u>6/7/16</u> | | Page <u>1</u> of <u>4</u> 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 Candidate/Officeholder Committee (Also Complete Part 6)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

2. Type of Statement:

- Pre-election 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 Irrigation District Division #2

I.D. NUMBER
1348223

Treasurer(s)

NAME OF TREASURER
ANGELA SUCHMA
MAILING ADDRESS
663 LAS DUNAS ST
CITY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO BOX 969

CITY STATE ZIP CODE AREA CODE/PHONE
EL CENTRO CA 92244

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 5-26-16 Date
Executed on 5-26-16 Date
Executed on _____ Date
Executed on _____ Date

By Shirley Summer Signature of Treasurer or Assistant Treasurer
By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

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

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BRUCE KUHN

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 \$ 2,199.00 | \$ 4,699.00 |
| 2. Loans Received..... | Schedule B, Line 3 5,000 | 25,000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | Add Lines 1 + 2 \$ 2,199.00 | \$ 29,699.00 |
| 4. Nonmonetary Contributions..... | Schedule C, Line 3 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | Add Lines 3 + 4 \$ 2,199.00 | \$ 29,699.00 |

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

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditures Made

| | | |
|---|-------------------------------------|--------------|
| 6. Payments Made..... | Schedule E, Line 4 \$ 1,402.23 | \$ 19,771.42 |
| 7. Loans Made..... | Schedule H, Line 3 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS..... | Add Lines 6 + 7 \$ 1,402.23 | \$ 19,771.42 |
| 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 6 + 9 + 10 \$ 1,402.23 | \$ 19,771.42 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(# Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

_____/_____/_____ \$ _____

_____/_____/_____ \$ _____

Current Cash Statement

| | |
|--|---|
| 12. Beginning Cash Balance..... | Previous Summary Page, Line 16 \$ 9596.92 |
| 13. Cash Receipts..... | Column A, Line 3 above 2,199.00 |
| 14. Miscellaneous Increases to Cash..... | Schedule I, Line 4 0 |
| 15. Cash Payments..... | Column A, Line 8 above 1,402.23 |
| 16. ENDING CASH BALANCE..... | Add Lines 12 + 13 + 14, then subtract Line 15 \$ 10,393.69 |

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 |

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).

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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

BRUCE KUHN

| | |
|--|--------------------------------|
| Statement covers period from <u>4/24/16</u> through <u>5/26/16</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>4</u> | 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 | 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 |
|---|------|----|---------------------------|-----------------|
| ALL SPORTS INTERNATIONAL 218 HEFFERNAN AVE CALEXICO, CA 92231 | CMP | | CAMPAIGN BANNERS | 320.00 |
| IMPERIAL PRINTERS 430 MAIN ST. EL CENTRO, CA 92243 | CMP | | CAMPAIGN FLYERS | 832.23 |
| CA DISTRICT 22 LITTLE LEAGUE 525 ANDRADE AVE CALEXICO, CA 92231 | CVC | | DONATION TO LITTLE LEAGUE | 250.00 |
| SUBTOTAL \$ | | | | 1,402.23 |

* 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.) \$ 1,402.23
- 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 \$** 1,402.23

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

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

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
BRUCE KUHN

| 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) |
|--------------------|---|---|---|-----------------------------|---|---------------------------------------|
| 5/12/2016 | CARSON KALIN 5300 KALIN RD. BRAWLEY, CA 92227 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | KALIN FARMS OWNER | 1,000.00 | 1,000.00 | |
| 5/12/2016 | JOHN EDFAR SNIVELY JR. 1150 GLENWOOD 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 | UNKNOWN | 100.00 | 100.00 | |
| 5/20/2016 | BEN ABATTI JR. 1548 ZENOS RD. HOLTVILLE, CA 92250 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BAJA FARMS OWNER | 1,000.00 | 1,000.00 | |
| SUBTOTAL \$ | | | | 2,100.00 | | |

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 0
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 99.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2,199.00

*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