

Recipient Committee Campaign Statement Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 5/23/18
through 6/30/18

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

Date Stamp RECEIVED JUL 30 2018 IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM 460
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 Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

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 John R. Renison

ID NUMBER
1326396

Treasurer(s)

NAME OF TREASURER
John R. Renison

MAILING ADDRESS
Same as Section 3

STREET ADDRESS (NO P.O. BOX)
1216 Primavera Drive CA. 92231 760-960-892

CITY STATE ZIP CODE AREA CODE/PHONE
Calexico CA 922312

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

NAME OF ASSISTANT TREASURER, IF ANY

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL 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 7/30/18 Date

Executed on 7/30/18 Date

Executed on _____ Date

Executed on _____ Date

By [Signature] Signature of Treasurer of 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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
John R. Renison

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Supervisor, District 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1216 Primavera Drive Calexico CA. 92231

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
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
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
John R. Renison

Statement covers period
 from 5/23/18
 through 6/30/18

Page of
 I.D. NUMBER
1326396

CALLFORNIA 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 \$ 6097.00	\$ 29082.00
2. Loans Received.....	Schedule B, Line 3 n/a	n/a
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 6097.00	\$ 29082.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 n/a	n/a
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 6097.00	\$ 29082.00

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 8204.17	\$ 18706.79
7. Loans Made.....	Schedule H, Line 3 n/a	n/a
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 8204.17	\$ 18,706.79
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 n/a	n/a
10. Nonmonetary Adjustment.....	Schedule G, Line 3 n/a	n/a
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 8204.17	\$ 18,706.79

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 20,302.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts.....	Column A, Line 3 above \$ 6097.00	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 n/a	
15. Cash Payments.....	Column A, Line 8 above \$ 8204.17	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 18,194.83	

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

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ n/a	
-----------------------------------	------------------------------	--

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse \$ n/a	
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ n/a	

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	\$ _____	\$ _____

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.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from 5/23/18
through 6/30/18

**CALIFORNIA
FORM 460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
John R. Renison

I.D. NUMBER
1326396

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
2/28/18	CR and R Stanton, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trash hauling	250.00	250.00	
5/28/18	Brock Asparagus El Centro, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Grower	250.00	250.00	
5/3/18	International Brotherhood of Electrical Workers Sacramento, CA	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Electrical union	\$5,000.00	\$5,000.00	
SUBTOTAL \$				5500.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 5500.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 597.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 6097.00

*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 E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E
CALIFORNIA 460
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
John R. Renison

Statement covers period
from 5/23/18
through 6/30/18

Page of
I.D. NUMBER
1326396

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

GMP	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
Jaliscos Bar and Grill El Centro, CA 92243	MTG	Campaign meeting	\$132.66
Holtville Tribune Holtville, CA	PRT	Campaign advertising	\$180.00
Yum Yum Chinese Calexico, CA 92231	MTG	Campaign meeting	\$127.83
SUBTOTAL \$			440.49

* 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.) \$ 5998.04
- Unitemized payments made this period of under \$100 \$ 2206.13
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ n/a
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 8204.17

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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
John R. Renison

Statement covers period
from 5/23/18
through 6/30/18

CALIFORNIA
FORM
460

SCHEDULE E (CONT.)

Page _____ of _____

I.D. NUMBER
1326396

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 | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (Internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DPoly Mexican Food Calexico, CA	MTG		Campaign meeting meals	\$175.24
Carinos Italian Food El Centro, CA	MTG		Campaign meeting meals	\$112.39
Beatriz Navarro Calexico, CA	CMP		Campaign signs	\$160.00
Juventina Zuniga Calexico, CA	CMP		Campaign sign	\$450.00
El Sol del Valle Calexico, CA	PRT		Newspaper ad	\$400.00
SUBTOTAL \$				1297.63

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

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

Amounts may be rounded
to whole dollars.

Statement covers period
from 5/23/18
through 6/30/18

SCHEDULE E (CONT.)
**CALIFORNIA
FORM 460**

Page _____ of _____

I.D. NUMBER
1326396

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
John R. Renison

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
Imperial Printers El Centro, CA	CMP		Lawn signs	\$520.00
Larry Levine Los Angeles, CA	PRO		Phone bank expenses	\$290.00
Mariana Ponce Calexico, CA 92231	TEL		Recording costs	\$150.00
Jerry Gauna Brawley, CA	CNS		Sign placement expense	\$150.00
Alejandra Hernandez Calexico, CA 92231	SAL		Campaign coordination	\$150.00
SUBTOTAL \$				1260.00

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

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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
John R. Renison

Statement covers period
from 5/23/18
through 6/30/18

CALIFORNIA
FORM **460**
Page _____ of _____
I.D. NUMBER
1326396

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 |
| 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
Liliana Quintero Calexico, CA	SAL		Phone bank expense	\$100.00
Cal Senior Los Angeles, CA	PRO		Campaign consultant	\$125.00
Vision Marketing Calexico, CA 92231	PRO		qCampaign consultant	\$200.00
A.C. Tellez Calexico, CA 92231	SAL		Worker salary	\$100.00
Sergio Covarrubias Calexico, CA 92231	SAL		Worker salary	\$100.00

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

SUBTOTAL \$ 625.00

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

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
John R. Renison

Statement covers period
from 5/23/18
through 6/30/18

Page _____ of _____

I.D. NUMBER
1326396

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
Imperial Printers El Centro, CA 92243	CMP		Lawn signs	\$562.90
Amigos de la Comunidad Calexico, CA 92231	CVC		Non Profit donation	\$200.00
Armando Cardenas Calexico, CA 92231	CVC		Boxing sponsorship	\$100.00
IMPERIAL VALLEY PRESS EL CENTRO, CA 92243	PRT		Advertising expense	\$862/50
El Sol del Valle Calexico, CA 92231	PRT		Advertising expense	\$400.00
SUBTOTAL \$				2125.40

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)
**CALIFORNIA
FORM 460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
John R. Renison

Statement covers period
from 5/23/18
through 6/30/18

Page _____ of _____

ID NUMBER
1326396

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)* | PRO | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRT | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sarai Vizcarra Calexico, CA 92231	SAL		Campaign coordination	\$100.00
Gerardo Barajas Calexico, CA 92231	CMP		Campaign signs	\$150.00
Walmart Calexico, CA 92231	OFC		OFFICE SUPPLIES	\$117.37
Claudia Andrea Calexico, CA 92231	SAL		Campaign coordination	\$100.00
Alfonso Martinez Calexico, CA 92231	CVC		Sports donation	\$100.00
SUBTOTAL \$				567.37

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

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>5/23/18</u> through <u>6/30/18</u>	CALIFORNIA FORM 460
Page _____ of _____	I.D. NUMBER 1326396

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
John R. Renison

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
District 22 Little League Calexico, CA 92231	CVC	Sports donation	\$200.00
Calexico Little League Calexico, CA 92231	CVC	Sports donation	\$100.00
Javier Gonzalez Calexico, CA 92231	CVC	Neighborhood donation	\$100.00
SUBTOTAL \$			400.00

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

Candidate Intention Statement

Check One: Initial

Amendment (Explain) _____

Date Stamp RECEIVED FEB 12 2016 IMPERIAL COUNTY REGISTRAR OF VOTERS	CALIFORNIA FORM 501 For Official Use Only
-----------------------------------------------------------------------------------------------	---------------------------------------------------------------

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) JOHAN RICHMOND DAYTIME TELEPHONE NUMBER 760-960-8925 FAX NUMBER (optional) _____ E-MAIL (optional) JRICHMOND@CALSTATEIMPERIAL.CA.GOV

STREET ADDRESS 1216 PRUNYARD CITY CHICO STATE CA ZIP CODE 92231

OFFICE SOUGHT (POSITION TITLE) SUPERVISOR DIST 2 AGENCY NAME _____ DISTRICT NUMBER, if applicable, _____ PARTY: NON-PARTISAN

OFFICE JURISDICTION _____

State (Complete Part 2) _____

City County Multi-County: _____ (Name of Multi-County Jurisdiction) _____

_____ 12015 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CALPERS and CALSTRS candidates, Judges, Judicial candidates, and candidates for local offices do not complete Part 2.)

6/5/18 Primary/general election 11-18 Special/runoff election
 (Year of Election) (Year of Election)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On _____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2/12/18
 (month, day, year)

Signature [Signature]
 (Candidate)