

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 - 84216.5)

RECEIVED Date Stamp

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CALIFORNIA FORM **460**

Page 1 of 10

A For Official Use Only

Statement covers period
from 07/01/2010
through 12/31/2010

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

REC'D BOARD OF VOTERS
MERCED COUNTY

1. Type of Recipient Committee:

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Candidate Officeholder Committee

2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
990733

COMMITTEE NAME

Fernando Armenta For County Supervisor

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Salinas	CA	93905	(831) 422-9118

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

() /

Treasurer(s)

NAME OF TREASURER

Noemi Armenta

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Salinas	CA	93905	(831) 422-9118

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 1-20-2011
DATE

By Noemi M. Armenta
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1-20-2011
DATE

By Fernando Armenta
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

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 OF CANDIDATE

Fernando Armenta

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

County Supervisor, District 1, Monterey County

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

Salinas CA 93905

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

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
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?
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

SUPPORT

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

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

**Campaign Disclosure Statement
Summary Page**

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	
through <u>12/31/2010</u>	
Page <u>3</u> of <u>10</u>	
I.D. NUMBER <u>990733</u>	

NAME OF FILER Fernando Armenta, Fernando Armenta For County Supervisor

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>2,000.00</u>	\$ <u>3,115.12</u>
2. Loans Received <i>Schedule B, Line 7</i>	<u>(300.00)</u>	<u>310.89</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>1,700.00</u>	\$ <u>3,426.01</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>1,700.00</u>	\$ <u>3,426.01</u>

**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	\$ <u>0</u>	<u>0</u>
21. Expenditures Made	\$ <u>0</u>	<u>0</u>

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Cash Payments <i>Schedule E, Line 4</i>	\$ <u>5,283.68</u>	\$ <u>9,421.76</u>
7. Loans Made <i>Schedule H, Line 7</i>	<u>5,550.00</u>	<u>5,550.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>10,833.68</u>	\$ <u>14,971.76</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>10,833.68</u>	\$ <u>14,971.76</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditure 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.

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>90,089.54</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>1,700.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>10,833.68</u>
16. ENDING CASH BALANCE <i>Lines 12+13+14, less Line 15</i>	\$ <u>80,955.86</u>

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 1, Column (b)* \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ <u>5,550.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>310.89</u>

**Schedule A
Monetary Contributions Received**

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	
through <u>12/31/2010</u>	Page <u>4</u> of <u>10</u>

NAME OF FILER <u>Fernando Armenta, Fernando Armenta For County Supervisor</u>	I.D. NUMBER <u>990733</u>
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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)
10/26/2010	Operating Engineers Local 3 District 90 PAC Alameda, CA 94502	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 891403	2,000.00	2,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 2,000.00

Schedule A Summary

- 1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,000.00
- 2. Amount received this period - unitemized monetary contributions of less than \$100.
..... \$ 0.00
- 3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 2,000.00**

Schedule B - Part I
Loans Received

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	
through <u>12/31/2010</u>	
Page <u>5</u> of <u>10</u>	

NAME OF FILER <u>Fernando Armenta, Fernando Armenta For County Supervisor</u>	I.D. NUMBER <u>990733</u>
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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
Noemi Armenta Salinas, CA 93905 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>43</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>43</u>	<u>0.000</u> % RATE	\$ <u>43</u>	CALENDAR YEAR \$ <u>0</u> PER ELECTION \$ <u>610</u> G08
				\$ <u>0</u>	<u>08/14/2010</u> DATE DUE	\$ <u>0</u>	<u>08/14/2009</u> DATE INCURRED	
Noemi Armenta (Continued) <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>163</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>163</u>	<u>0.000</u> % RATE	\$ <u>163</u>	CALENDAR YEAR \$ <u>0</u> PER ELECTION \$ <u>610</u> G08
				\$ <u>0</u>	<u>12/24/2010</u> DATE DUE	\$ <u>0</u>	<u>12/24/2009</u> DATE INCURRED	
Noemi Armenta (Continued) (Continued) <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ <u>403</u>	\$ <u>0</u>	<input checked="" type="checkbox"/> PAID \$ <u>300</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>103</u>	<u>0.000</u> % RATE	\$ <u>403</u>	CALENDAR YEAR \$ <u>0</u> PER ELECTION \$ <u>610</u> G08
				\$ <u>0</u>	<u>12/29/2010</u> DATE DUE	\$ <u>0</u>	<u>12/29/2009</u> DATE INCURRED	
SUBTOTAL \$								
		\$ <u>0.00</u>	\$ <u>300.00</u>	\$ <u>310.89</u>	\$ <u>0.00</u>			

Schedule B Summary

1. Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \$ 300.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET \$** (300.00)
Enter the net here and on the Summary Page, Column A, Line 2

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Statement covers period		CALIFORNIA FORM 460
from <u>07/01/2010</u>		
through <u>12/31/2010</u>		Page <u>6</u> of <u>10</u>
NAME OF FILER <u>Fernando Armenta, Fernando Armenta For County Supervisor</u>		I.D. NUMBER <u>990733</u>

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2010	Luis Alejo State Assembly Person District 28	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,050.00	1,050.00	
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
09/29/2010	Alejandro Chavez City Council Member City of Soledad	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		5,000.00	5,000.00	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose				
				SUBTOTAL \$	6,050.00	

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$	<u>6,050.00</u>
2. Unitemized contribution and independent expenditures made this period of under \$100	\$	<u>0.00</u>
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	TOTAL \$	<u>6,050.00</u>

Schedule E
Payments Made

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	Page <u>7</u> of <u>10</u>
through <u>12/31/2010</u>	

NAME OF FILER Fernando Armenta, Fernando Armenta For County Supervisor

I.D. NUMBER
990733

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 (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			AMOUNT PAID
	CODE	OR	
Alejo For Assembly Watsonville, CA 95076 ID# 1318679	CTB		1,050.00
Alisal Eacles Salinas, CA 93905	CVC		100.00
Noemi Armenta Salinas, CA 93905	CVC TRC POS	250.00 460.78 77.60	2,043.29

SUBTOTAL \$ 3,193.29

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>5,150.68</u>
2. Unitemized payments made this period of under \$100.	\$ <u>133.00</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 1, Column(e).)	\$ <u>0.00</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL	\$ <u>5,283.68</u>

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

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	
through <u>12/31/2010</u>	Page <u>8</u> of <u>10</u>

NAME OF FILER Fernando Armenta, Fernando Armenta For County Supervisor

I.D. NUMBER
990733

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 (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| 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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Noemi Armenta (continued)	TRS OFC	29.08 Fuel for volunteer vehicle. 1,225.83	
Bank of America Salinas, CA 93906	OFC		315.00
El Callejon Salinas, CA 93901	OFC		950.00
Loose Election Services Salinas, CA 93901-3306	PRO		192.39

SUBTOTAL \$ 1,457.39

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

Statement covers period	CALIFORNIA FORM 460
from <u>07/01/2010</u>	
through <u>12/31/2010</u>	Page <u>9</u> of <u>10</u>

NAME OF FILER Fernando Armenta, Fernando Armenta For County Supervisor

I.D. NUMBER
990733

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 (explain) |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging and meals (explain) |
| 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 OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
United Farm Workers of America Salinas, CA 93905	CVC		500.00

SUBTOTAL \$ 500.00

**Schedule H –
Loans Made to Others***

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

SCHEDULE H

Statement covers period from <u>07/01/2010</u> through <u>12/31/2010</u>	CALIFORNIA FORM 460
	10 / 10
NAME OF FILER Fernando Armenta For County Supervisor	
I.D. NUMBER 990733	

SEE INSTRUCTIONS ON REVERSE

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OF FORGIVENESS THIS PERIOD <input type="checkbox"/> PAID \$ 0.0000 <input type="checkbox"/> FORGIVEN \$ 0.0000	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD 11/29/2012 DATE DUE	(e) INTEREST RECEIVED 0.00 % RATE \$ 0.0000	(f) ORIGINAL AMOUNT OF LOAN 550.000 11/29/2010 DATE INCURRED	(g) CUMULATIVE LOANS TO DATE CALENDAR YEAR 550.00 PER ELECTION** 550.00 G 08
Bank of America Salinas CA 93906 ID:		\$ 0.00	\$ 550.00	\$ 0.0000	11/29/2012 DATE DUE	\$ 0.0000	550.000 11/29/2010 DATE INCURRED	550.00 PER ELECTION** 550.00 G 08
Chavez for Council Soledad CA 93960 ID: 1332136		\$ 0.00	\$ 5000.00	\$ 0.0000	09/29/2012 DATE DUE	\$ 0.0000	5000.00 09/29/2010 DATE INCURRED	5000.00 PER ELECTION** 5000.00 G 08 1000.00 P 08

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.	SUBTOTALS	\$ 5550.00	\$ 0.00	\$ 5550.00	\$ 0.00
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Schedule H Summary

1. Loans made this period. _____ \$ 5550.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans _____ \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net \$ 5550.00**

Enter the net here and on the Summary Page, Column A, Line 7.

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

**** If required.**