

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84216.5)

Type or print in ink.

FILED
IN SAN BENITO COUNTY
AUG - 1 2011

COVER PAGE

CALIFORNIA 460
2001/02
FORM

Page 1 of 14
Official Use Only

Statement covers period
from 01/01/2011
through 06/30/2011

Date of election if applicable:
(Month, Day, Year)
06/05/2011

BY JOE PAUL GONZALEZ COUNTY CLERK
DEPUTY CLERK

SSJD110630

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
 - (Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
 - (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
 - (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1257084

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

DE LA CRUZ FOR COUNTY SUPERVISOR - 2012

STREET ADDRESS (NO P.O. BOX)

401-A SOUTH CHAPPELL ROAD

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| HOLLISTER | CA | 95023 | 831 297-2248 |

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

P O BOX 1201

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| HOLLISTER | CA | 95024 | 831 297-2248 |

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

JAIME DE LA CRUZ

MAILING ADDRESS

P O BOX 1201

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-----------|-------|----------|-----------------|
| HOLLISTER | CA | 95024 | 831 297-2248 |

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 07/31/2011
Date

Executed on 07/31/2011
Date

Executed on _____
Date

Executed on _____
Date

By Jaime De La Cruz
Signature of Treasurer or Assistant Treasurer

By Jaime De La Cruz
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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460 Page 2 of 14

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: JAIME DE LA CRUZ
OFFICE SOUGHT OR HELD: COUNTY SUPERVISOR - 5
RESIDENTIAL/BUSINESS ADDRESS: 481 FOURTH STREET, HOLLISTER, CA 95023

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?, COMMITTEE ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE, AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE, BALLOT NO. OR LETTER, JURISDICTION, SUPPORT/OPPOSE checkboxes, Identify the controlling officeholder, candidate, or state measure proponent, if any.

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

Table with 3 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT/OPPOSE checkboxes. Multiple rows for listing candidates.

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from 01/01/2011 | CALIFORNIA FORM 460 |
| through 06/30/2011 | |
| Page 3 of 14 | I.D. NUMBER 1257084 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DE LA CRUZ FOR COUNTY SUPERVISOR - 2012

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 13,327.30 | \$ 13,327.30 |
| 2. Loans Received Schedule B, Line 3 | \$ 620.00 | \$ 620.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 13,947.30 | \$ 13,947.30 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | \$ 500.00 | \$ 500.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 14,447.30 | \$ 14,447.30 |

**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

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ 4,751.35 | \$ 4,751.35 |
| 7. Loans Made Schedule H, Line 3 | \$ 0.00 | \$ 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 4,751.35 | \$ 4,751.35 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | \$ 0.00 | \$ 0.00 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | \$ 0.00 | \$ 0.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 4,751.35 | \$ 4,751.35 |

**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 |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|--------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 1,121.35 |
| 13. Cash Receipts Column A, Line 3 above | \$ 13,947.30 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | \$ 0.00 |
| 15. Cash Payments Column A, Line 8 above | \$ 4,751.35 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 10,317.30 |

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.

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

| | |
|---|----------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ _____ |
|---|----------|

Cash Equivalents and Outstanding Debts

| | |
|---|--------------|
| 18. Cash Equivalents See instructions on reverse | \$ 10,317.30 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ 620.00 |

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from <u>01/01/2011</u> through <u>06/30/2011</u> | CALIFORNIA FORM 460 |
| | Page <u>4</u> of <u>14</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|---|-------------------------------|
| NAME OF FILER DE LA CRUZ FOR COUNTY SUPERVISOR - 2012 | I.D. NUMBER 1257084 |
|---|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 02/25 | RJR ENVIRONMENTAL SERVICE, INC. | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 03/17 | BLACK-COOPER-SANDER | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 150.00 | 150.00 | |
| 03/23 | WEST COAST RUBBER RECYCLING | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 03/24 | ACS, INC | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 300.00 | 300.00 | |
| 03/24 | HOLLISTER COLLISION CENTER | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | |
| SUBTOTAL \$ | | | | 1,700.00 | | |

Schedule A Summary

| | | |
|---|-----------------|------------------|
| 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) | \$ | <u>6,850.00</u> |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 | \$ | <u>6,477.30</u> |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$ | <u>13,327.30</u> |

*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 (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2011 | |
| through | 06/30/2011 | Page <u>5</u> of <u>14</u> |

| | |
|--|------------------------|
| NAME OF FILER DE LA CRUZ FOR COUNTY SUPERVISOR - 2012 | I.D. NUMBER 1257084 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 03/29 | EAGLE RECYCLING, INC. | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 04/07 | BAY MANUFACTURING, INC. | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |
| 04/07 | JIM GIBSON | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | HOLLISTER SUPER OWNER | 500.00 | 500.00 | |
| 04/23 | MANUEL DE LA CRUZ | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 500.00 | 500.00 | |
| 04/26 | A & R PROPERTY MANAGEMENT | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 100.00 | 100.00 | |
| SUBTOTAL \$ | | | | 2,200.00 | | |

*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 (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2011 | |
| through | 06/30/2011 | Page <u>6</u> of <u>14</u> |

| | |
|---|-------------------------------|
| NAME OF FILER DE LA CRUZ FOR COUNTY SUPERVISOR - 2012 | I.D. NUMBER 1257084 |
|---|-------------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 05/03 | ORTA & SONS | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 200.00 | 200.00 | |
| 05/03 | MIKE NINO | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NINO REAL ESTATE OWNER | 250.00 | 250.00 | |
| 05/10 | JIM GIBSON | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BALER MARKET OWNER | 500.00 | 1,000.00 | |
| 05/11 | SANTA CLARA & SAN BENITO TRADES | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | |
| 05/14 | VINCE A PRYOR | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | VP, INC. OWNER | 500.00 | 500.00 | |
| SUBTOTAL \$ | | | | 1,700.00 | | |

*Contributor Codes
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 COM – Recipient Committee
 (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

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 | | CALIFORNIA FORM 460 |
| from | 01/01/2011 | |
| through | 06/30/2011 | Page <u>7</u> of <u>14</u> |
| NAME OF FILER | | I.D. NUMBER |
| DE LA CRUZ FOR COUNTY SUPERVISOR - 2012 | | 1257084 |

| 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) |
|--------------------|---|---|---|-----------------------------|---|------------------------------------|
| 05/14 | JEFF GILLES | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | L & G LAW FIRM OWNER | 500.00 | 500.00 | |
| 05/14 | EIGHT BALL BAIL BONDS, INC. | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 300.00 | 300.00 | |
| 05/14 | AMY HARRIS | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RETIRED | 250.00 | 250.00 | |
| 05/18 | TRI-CAL, INC. | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 200.00 | 200.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 1,250.00 | | |

*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.

| | |
|--|----------------------------|
| Statement covers period from <u>01/01/2011</u> through <u>06/30/2011</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

| | |
|---|-------------------------------|
| NAME OF FILER DE LA CRUZ FOR COUNTY SUPERVISOR - 2012 | I.D. NUMBER 1257084 |
|---|-------------------------------|

| 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 |
|--|---|--|------------------------------------|--|--|----------------------------------|-------------------------------------|---|
| JAIME DE LA CRUZ P O BOX 1201 HOLLISTER, CA 95024 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | COUNTY SUPERVISOR | \$ 163.72 | \$ 1,120.00 | <input checked="" type="checkbox"/> PAID \$ 500.00 <input type="checkbox"/> FORGIVEN \$ _____ | \$ 783.72 DATE DUE _____ | _____% RATE \$ _____ | \$ 1,000 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** \$ _____ |
| † <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 | | \$ | \$ 1,120.00 | \$ 500.00 | \$ 783.72 | \$ | | |

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

Schedule B Summary

- Loans received this period \$ 1,120.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 500.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET** \$ 620.00
Enter the net here and on the Summary Page, Column A, Line 2. (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 C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period
from 01/01/2011
through 06/30/2011

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

DE LA CRUZ FOR COUNTY SUPERVISOR - 2012

I.D. NUMBER
1257084

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 05/14 | ROBERT & ARACELI RODRIGUEZ 930 WRIGHT ROAD HOLLISTER, CA 95023 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SAN BENITO SHEETMETAL, INC. OWNERS | RENTAL OF CHAIRS AND TABLES | 250.00 | 250.00 | |
| 05/14 | ROBERT & ARACELI RODRIGUEZ 930 WRIGHT ROAD HOLLISTER, CA 95023 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | SAN BENITO SHEETMETAL, INC. OWNERS | RENTAL OF BUILDING | 250.00 | 250.00 | |
| | | <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 | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 500.00

Schedule C Summary

| | |
|--|------------------------|
| 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) | \$ 500.00 |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 | \$ 0.00 |
| 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) | TOTAL \$ 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 E
Payments Made**

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

SCHEDULE E

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2011 | |
| through | 06/30/2011 | Page <u>10</u> of <u>14</u> |
| NAME OF FILER | | I.D. NUMBER |
| DE LA CRUZ FOR COUNTY SUPERVISOR - 2012 | | 1257084 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DE LA CRUZ FOR COUNTY SUPERVISOR - 2012

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 |
|--|---------|------------------------|-------------|
| SAN BENITO COUNTY CHAMBER OF COMMERCE 650 SAN BENITO STREET, 130 HOLLISTER, CA 95023 | FND | | 100.00 |
| MJM COMPUTERS 225 SIXTH STREET, A HOLLISTER, CA 95023 | WEB | | 159.75 |
| STAPLES, INC. 1725 AIRLINE HIGHWAY HOLLISTER, CA 95023 | OFC | | 168.27 |

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

SUBTOTAL \$ 428.02

Schedule E Summary

| | | |
|--|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 2,976.42 |
| 2. Unitemized payments made this period of under \$100 | \$ | 1,775.53 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ | 0.00 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ | 4,751.95 |

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

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

Statement covers period
from 01/01/2011
through 06/30/2011

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DE LA CRUZ FOR COUNTY SUPERVISOR - 2012

I.D. NUMBER

1257084

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 |
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| 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 |
|--|---------|--|-------------|
| SAN BENITO COUNTY CATTLEMEN'S ASSOCIATION HOLLISTER BRANCH | | 28TH ANNUAL FUNDRAISER | 200.00 |
| BOOSTER CLUB OF HOLLISTER 363 7TH STREET HOLLISTER, CA 95023 | | MEMBERSHIP DUES | 175.00 |
| BULLDOG BOXING CLUB 731 SAN FELIPE ROAD HOLLISTER, CA 95023 | CVC | | 150.00 |
| LA VILLA DE JEREZ RESTAURANT 905 EAST STREET HOLLISTER, CA 95023 | MTG | | 120.81 |
| WINDY CITY NOVELTIES 300 LAKEVIEW PARKWAY WERNON HILLS, IL 60061 | | PARTY SUPPLIES FOR MAY 14TH FUNDRAISER | 122.70 |

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

SUBTOTAL \$ 768.51

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

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

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2011 | |
| through | 06/30/2011 | Page <u>12</u> of <u>14</u> |

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|---|------|----|--|-------------|
| MI PUEBLO MARKET 727 FIRST STREET GILROY, CA 95020 | | | MEAT, PARTY SUPPLIES, DECORATIONS AND ETC FOR MAY 14TH FUNDRAISER | 249.73 |
| LOS CUATES MEAT MARKET 2200 SAN FELIPE ROAD HOLLISTER, CA 95023 | | | MEAT AND SALSA FOR MAY 14TH FUNDRAISER | 268.80 |
| DONA ESTHER 25 FRANKLIN STREET SAN JUAN BATISTA, CA 95048 | | | RICE FOR MAY 14TH FUNDRAISER | 100.00 |
| HOLLISTER SUPER 1280 SAN JUAN ROAD HOLLISTER, CA 95023 | | | FOOD AND PARTY SUPPLIES FOR MAY 14TH FUNDRAISER | 195.28 |
| SAVE MART SUPERMARKET 291 MCCRAY STREET HOLLISTER, CA 95023 | | | PARTY SUPPLIES FOR MAY 14TH FUNDRAISER | 124.86 |

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

SUBTOTAL \$ 938.67

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

SCHEDULE E (CONT.)

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| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2011 | |
| through | 06/30/2011 | Page <u>13</u> of <u>14</u> |
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| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|--|-------------|
| SMART & FINAL 250 EAST 10TH STREET GILROY, CA 95020 | | PARTY SUPPLIES FOR MAY 14TH FUNDRAISER | 116.89 |
| COSTCO 7251 CAMINO ARROYO GILROY, CA 95020 | | PARTY SUPPLIES FOR MAY 14TH FUNDRAISER | 265.72 |
| POST OFFICE HOLLISTER BRANCH | | POSTAGE AND POST CARDS | 148.00 |
| ARACELI RODRIGUEZ 930 WRIGHT ROAD HOLLISTER, CA 95023 | | REIMBURSEMENT FOR MAY 14TH FUNDRAISER | 94.59 |
| SAN BENITO COUNTY CHAMBER OF COMMERCE 650 SAN BENITO STREET, 130 HOLLISTER, CA 95023 | | MEMBERSHIP DUES | 95.00 |

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SUBTOTAL \$ 720.20

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

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| from | 01/01/2011 | |
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|---|---------|------------------------|-------------|
| POST OFFICE HOLLISTER BRANCH | POS | | 121.02 |
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SUBTOTAL \$ 121.02