

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

FILE IN SAN BENITO CO. CA. IF ORNIA FORM 460. Date Stamp: JUL 20 2011. Page 1 of 3. For Official Use Only. JOE PALLI GONZALEZ COUNTY CLERK BY DEPUTY CLERK SCDT110630

Statement covers period from 01-01-2011 through 06-30-2011. Date of election if applicable: 11-04-2014

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
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement

3. Committee Information

I.D. NUMBER 1324869

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Darren Thompson 4 Sheriff 2014

STREET ADDRESS (NO P.O. BOX) 1045 Wild Oak Drive
CITY STATE ZIP CODE AREA CODE/PHONE
Hollister CA 95023 831-636-3910

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 1760 Suite F PMB 220 Airline Hwy
CITY STATE ZIP CODE AREA CODE/PHONE
Hollister Ca 95023

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER Natalie Thompson

MAILING ADDRESS 1045 Wild Oak Drive
CITY STATE ZIP CODE AREA CODE/PHONE
Hollister CA 95023 831-636-3910

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 7-20-11
Executed on 7-20-11
Executed on
Executed on

By Natalie Thompson
By
By
By

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM	460
Page <u>2</u> of <u>3</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
John Darren Thomopson			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Sheriff/Coroner San Benito County			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1045 Wild Oak Drive	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? <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**

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

SUMMARY PAGE

Statement covers period from <u>01-01-2011</u>	CALIFORNIA FORM 460
through <u>06-30-2011</u>	
Page <u>3</u> of <u>3</u>	I.D. NUMBER <u>1324869</u>

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	\$ <u>0</u>	\$ <u>0</u>
2. Loans Received	Schedule B, Line 3	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions	Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</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	Column B
6. Payments Made	Schedule E, Line 4	\$ <u>0</u>	\$ <u>0</u>
7. Loans Made	Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment	Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>0</u>

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
<u> / / </u>	\$ <u> </u>
<u> / / </u>	\$ <u> </u>

Current Cash Statement		
12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>318.83</u>
13. Cash Receipts	Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	<u>0</u>
15. Cash Payments	Column A, Line 8 above	<u>0</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>318.83</u>

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

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.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts		
18. Cash Equivalents	See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>0</u>