

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Date Stamp
Registrar of Voters
MAY 01 2026
Imperial County

CALIFORNIA FORM 460

Page 1 of 11

For Official Use Only

| | |
|--|---|
| <p style="text-align: center;">Statement covers period</p> <p>from <u>01/01/2026</u></p> <p>through <u>04/18/2026</u></p> | <p style="text-align: center;">Date of election if applicable: (Month, Day, Year)</p> <p style="text-align: center;"><u>06/02/2026</u></p> |
|--|---|

SEE INSTRUCTIONS ON REVERSE

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <i>(Also Complete Part 5)</i> <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <i>(Also Complete Part 6)</i> <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i> |
|---|---|

2. Type of Statement:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i> <input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|--|---|

3. Committee Information

I.D. NUMBER
1489177

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Henderson for Superior Court Judge 2026

STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS
[REDACTED]

Treasurer(s)

NAME OF TREASURER
Veronica Henderson

MAILING ADDRESS
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE
[REDACTED]

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 04/23/2026
Date

Executed on 04/23/2026
Date

Executed on _____
Date

Executed on _____
Date

By [Signature]
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

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Veronica Henderson

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

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

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

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | | Page <u>3</u> of <u>11</u> |
| | | I.D. NUMBER 1489177 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Henderson for Superior Court Judge 2026

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ 10,650.00 | \$ 10,650.00 |
| 2. Loans Received | Schedule B, Line 3 | 0.00 | 0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ 10,650.00 | \$ 10,650.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ 10,650.00 | \$ 10,650.00 |

**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

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|------------------------------------|----------------------|--|--|
| 6. Payments Made | Schedule E, Line 4 | \$ 9,926.33 | \$ 9,926.33 |
| 7. Loans Made | Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ 9,926.33 | \$ 9,926.33 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | 1,500.00 | 1,500.00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ 11,426.33 | \$ 11,426.33 |

**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 | \$ 0.00 |
| 13. Cash Receipts | Column A, Line 3 above | 10,650.00 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0.00 |
| 15. Cash Payments | Column A, Line 8 above | 9,926.33 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 723.67 |

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 | \$ 0.00 |
|------------------------------|--------------------|---------|

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------|---------------------------------------|-------------|
| 18. Cash Equivalents | See instructions on reverse | \$ 0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$ 1,500.00 |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|---|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page <u>4</u> of <u>11</u> |
| NAME OF FILER | | I.D. NUMBER |
| Henderson for Superior Court Judge 2026 | | 1489177 |

SEE INSTRUCTIONS ON REVERSE

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 02/05/2026 | John W. Breeze 1745 W. Olive Ave., Unit A El Centro, CA | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 1,000.00 | 1,500.00 | P2026 \$1,000.00 |
| 02/05/2026 | Law Offices of Thomas Storey, APC 222 S. 8th St. El Centro, CA 92243 | <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 | P2026 \$300.00 |
| 03/03/2026 | Veronica Henderson [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Law Office of Veronica A. Henderson | 2,500.00 | 4,500.00 | P2026 \$4,000.00 |
| 03/10/2026 | Simona Deaciuc 714 Sandalwood Dr. 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 | Psychiatrist State of California | 500.00 | 500.00 | P2026 \$500.00 |
| 03/10/2026 | Eric Beaudikofer, Attorney At Law 414 Vine St. El Centro, CA 92243 | <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 | P2026 \$100.00 |
| SUBTOTAL \$ | | | | 4,400.00 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 10,600.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 50.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 10,650.00

*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**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page 5 of 11 |

| | |
|--|------------------------|
| NAME OF FILER Henderson for Superior Court Judge 2026 | I.D. NUMBER 1489177 |
|--|------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|---|---------------------------------------|
| 03/17/2026 | Carl K. Osborne 78365 Highway 111 La Quinta, CA 92253 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Law Offices of Carl K. Osborne | 500.00 | 500.00 | P2026 \$500.00 |
| 03/17/2026 | Danuta Tuszyńska 9343 Golden Lantern Rd. Riverside, CA 92508 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Tuszyńska Law Office | 250.00 | 250.00 | P2026 \$250.00 |
| 03/23/2026 | Kurt Gering 845 Fort Stockton Dr., Unit 116 San Diego, CA 92103 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chief Human Resource Officer Fair Square | 100.00 | 100.00 | P2026 \$100.00 |
| 03/23/2026 | Catherino Stiefel 809 San Antonio Place San Diego, CA 92105 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 250.00 | 250.00 | P2026 \$250.00 |
| 03/27/2026 | Veronica Henderson [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Law Office of Veronica A. Henderson | 1,500.00 | 4,500.00 | P2026 \$4,000.00 |
| SUBTOTAL \$ | | | | 2,600.00 | | |

*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

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page <u>6</u> of <u>11</u> |
| NAME OF FILER | | I.D. NUMBER |
| Henderson for Superior Court Judge 2026 | | 1489177 |

| 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) |
|--------------------|---|---|---|-----------------------------|--|------------------------------------|
| 03/21/2026 | Imperial Valley Dental Staffing Group 1503 N. Imperial Ave., Ste. 204 El Centro, CA 92243 | <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 | P2026 \$500.00 |
| 03/21/2026 | Diana Strauss 4020 Bandini St. San Diego, CA 92103 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Latham & Watkins LLP | 500.00 | 500.00 | P2026 \$500.00 |
| 04/03/2026 | Arena Law Group, PC 2732 Fifth Ave. San Diego, CA 92103 | <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 | P2026 \$300.00 |
| 04/10/2026 | John W. Breeze 1745 W. Olive Ave., Unit A El Centro, CA | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 500.00 | 1,500.00 | P2026 \$1,000.00 |
| 04/10/2026 | Lynn E. Gorguze 1200 Prospect St., Unit 326 La Jolla, CA 92037 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President Cameron Holdings | 1,000.00 | 1,000.00 | P2026 \$1,000.00 |
| SUBTOTAL \$ | | | | 2,800.00 | | |

*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**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page <u>7</u> of <u>11</u> |
| NAME OF FILER | | I.D. NUMBER |
| Henderson for Superior Court Judge 2026 | | 1489177 |

| 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) |
|--------------------|--|---|---|-----------------------------|--|---------------------------------------|
| 04/10/2026 | Veronica Henderson [REDACTED] | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Law Office of Veronica A. Henderson | 500.00 | 4,500.00 | P2026 54,000.00 |
| 04/15/2026 | James R. Graves 636 W. State St. 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 | Attorney Ewing, Johnson & Graves, APLC | 300.00 | 300.00 | P2026 5300.00 |
| | | <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 | | | | |
| SUBTOTAL \$ | | | | 800.00 | | |

*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.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page 8 of 11 |
| I.D. NUMBER | | 1489177 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Henderson for Superior Court Judge 2026

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 |
|---|------|------------|------------------------|-------------|
| Beyond Borders Gazette 940 W. Main St, Ste. 208 El Centro, CA 92243 | WEB | | | 750.00 |
| Beyond Borders Gazette 940 W. Main St, Ste. 208 El Centro, CA 92243 | CMP | | | 2,500.00 |
| Imperial Printers 430 Main St. El Centro, CA 92243 | CMP | Yard Signs | | 400.00 |

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

SUBTOTAL \$ 3,650.00

Schedule E Summary

| | | |
|--|-----------------|-----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 9,876.33 |
| 2. Unitemized payments made this period of under \$100 | \$ | 50.00 |
| 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 \$ | 9,926.33 |

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

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page <u>9</u> of <u>11</u> |
| NAME OF FILER | | I.D. NUMBER |
| Henderson for Superior Court Judge 2026 | | 1489177 |

SEE INSTRUCTIONS ON REVERSE

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 430 Main St. El Centro, CA 92243 | CMP | | Yard Signs | 425.00 |
| Los Amigos de la Comunidad 1135 Apple Valley Brawley, CA 92227 | PRT | | | 500.00 |
| Beyond Borders Gazette 940 W. Main St, Ste. 208 El Centro, CA 92243 | CMP | | | 2,500.00 |
| Turning Point 2149 Orchard Rd. Holtville, CA 92250 | CVC | | | 100.00 |
| Musgrave Pencil Company 701 West Lane St Shelbyville, TN 37160 | CMP | | | 401.33 |

SUBTOTAL \$ 3,926.33

* 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 | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page 10 of 11 |
| NAME OF FILER | | I.D. NUMBER |
| Henderson for Superior Court Judge 2026 | | 1489177 |

SEE INSTRUCTIONS ON REVERSE

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 |
|---|------|--------|------------------------|-------------|
| Beyond Borders Gazette 940 W. Main St, Ste. 208 El Centro, CA 92243 | LIT | | | 2,000.00 |
| Beyond Borders Gazette 940 W. Main St, Ste. 208 El Centro, CA 92243 | CMP | Flyers | | 300.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$ 2,300.00

**Schedule F
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded
to whole dollars.

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2026 | |
| through | 04/18/2026 | Page 11 of 11 |
| NAME OF FILER | | I.D. NUMBER |
| Henderson for Superior Court Judge 2026 | | 1489177 |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Henderson for Superior Court Judge 2026

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Thomas & Associates, LLC 249 E. Ocean Blvd., Ste. 814 Long Beach, CA 90802 | PRO | 0.00 | 1,500.00 | 0.00 | 1,500.00 |
| | | | | | |
| | | | | | |
| SUBTOTALS \$ | | 0.00\$ | 1,500.00\$ | 0.00\$ | 1,500.00 |

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

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 1,500.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 1,500.00
May be a negative number