- 1 1 4 A 144	•	•	RECEIVED		COVER PAGE
Recipient Committee Campaign Statement Cover Page	Type or print in i	nk.	CITY OF SIMPVALL	EY CALIFOR	
(Government Code Sections 84200-84216.5)			1012 OCT -5 PM 1	: 07_	of (7
(Cottonialion Code Coolidio Cizzo Cizzo)	Statement covers period from 7-01-2012	Date of election if applicable: (Month, Day, Year)	OFFICE OF CITY CLE	RX Page	Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 9-30-2012	11-06-2012	01 Shuon Sia		
1. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		-1	
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)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 1	t	Quarterly Statemer Special Odd-Year Supplemental Pree Statement - Attach	Report election
3. Committee Information	I.D. NUMBER 1328118	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITT		NAME OF TREASURER			
KEITH MASHBURN for C		SHELBY MAILING ADDRESS	MASHBUR	$\mathcal{N}_{}$	
STREET ADDRESS (NO P.O. BOX)		CITY	OTATE 7	VID COSE	ARFA CODE/PHONE
CITY STATE 71D	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	RER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.	D. BOX	MAILING ADDRESS			
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE Z	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADD	RESS		
4. Verification				·	
I have used all reasonable diligence in preparing and review		wledge the information contained he	erein and in the attached sc	hedules is true and	complete. I certify
under penalty of perjury under the laws of the State of Califo	ornia that the foregoing is true and correct.	I Much by	SHERMANA	115118:10	a /
Executed on 10-3-2012	By WW	Signature of Treasurer or Assistan	SHELBY A	UTS ITB VIKI	
Executed on	By Signature of Cont	rolling Officeholder, Candidate, State Measure Pr	<u> </u>	11/1/2/	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	**************************************	
Executed on	Ву		·	<u>-</u>	
Date		Signature of Controlling Officeholder, Candidate,	State Measure Proponent	Ennc	Earn AGO / January/OE)

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Officeholder or Candidate Controlled Con	nmittee	6.	Primarily Formed Ballot Measu	ıre Committe	е	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
KEITH MASHBUR	\checkmark					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS			BALLOT NO. OR LETTER JURISD	CTION		SUPPORT
CITY COUNCIL SIN	n, VALLEY					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling officeholder	candidate, or	state measure	proponent, if any
			NAME OF OFFICEHOLDER, CANDIDATE, O	R PROPONENT		
Related Committees Not Included in this	Statement: List on committees					
not included in this statement that are controlled by contributions or make expenditures on behalf of you	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER					
		7	Drimarily Formed Candidate/C	fficabaldar C	ammillaa	1.4-4
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candidate/O officeholder(s) or candidate(s) for which	this committee	is primarily for	
COMMITTEE ADDRESS STREET ADDRESS (NO P.	О. ВОХ)		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
CITY STATE 2	IP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?					
NAME OF TREASURER	YES NO		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
				1		
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)					
	O. BOX) ZIP CODE AREA CODE/PHONE					

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Statement covers period

CALIFORNIA FORM

SUMMARY PAGE

Page 3

I.D. NUMBER

KEITH MASHBURN for CITY	COUNCIL 2	012	1328118
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) \$ 11,095,00	Column B CALENDAR YEAR TOTAL TO DATE \$ 20,850;00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
 Loans Received	\$ 11,095,000 \$ 11,095,000	\$ 21,850.00	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$
Expenditures Made 6. Payments Made	\$ 10,621,31 -0	\$\\\ \begin{align*} 16,789,54 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 7346.97 11,095.00 0 10,621,31 \$ 7820.66	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	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0 \$ 1000.00	from Lines 2, 7, and 9 (if any).	FPPC Form 460 (January/0 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-377)

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

SCHEDULE A Statement covers period CALIFORNIA from 7-01-2012 **FORM** through 9-30-2012

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER KEITH MASHBURN for CITY COUNCIL 2012

I.D. NUMBER 1278118

	1761111 11012110000	C111	000000000000000000000000000000000000000			20118
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)
7/15/12	DEAN T. LAPADAKIS	DIND COM OTH PTY SCC	CLEANING FORCE JANITORIAL SERVICE 1645 CONLAN VENTURA CA	1000.	1000.	1000. 62012
7/15/12	M. LAPADAKIS	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Housewife	1000,	1000.	1000, 62012
7/15/12	RONALD and LINDA TAYLOR	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	50,	50,	50, 6 2012
7/17/12	GREEN ACRES MEATS	IND COM OTH PTY	STORE OWNER	500,	1000,	1000, 6 2012
7/16/12	JOHN BECKER	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	RETIRED	50,	50.	50, G2012

SUBTOTAL\$ 2600

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)

2. Amount received this period - unitemized monetary contributions of less than \$100

3. Total monetary contributions received this period. *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

FPPC Form 460 (January/05)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 7-01-2012 FORM

through 9-30-2012 Page 5 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KEITH MASHBURN for CITY COUNCIL 2012

1.D. NUMBER 1328118

/-	CELLA MASADORO TOP	$G \cap C$	CONCIC XVI	<u> </u>		328110
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, 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)
8/6/12	Valene Williams	IND COM COTH COTH COTH COTH COTH COTH COTH COTH	RETIRED	100,	100.	100, G2012
8/6/12	VIR GINIA JANNOTTO	XIND COM OTH PTY SCC	SCHOOL TEACHER	100,	100;	.100 . 62012
8/13/12	DAVES TOWING SERVICE	IND COM OTH PTY	BUSINESS OWNER	150,	150.	150, 6201.
8/27/12	DAVE EXINS RACING	IND COM OTH PTY SCC	BUSINESS OWNER	100,	1001	100, 6201.
8/26/12	1	IND COM OTH PTY SCC	RETIRED	50,	50,	50, 62013
			SUBTOTAL 6	500		

SUBTOTAL\$ 500,

Schedule A Summary

1. Amount received this period – Itemized monetary contributions.

(Include all Schedule A subtotals.) \$350.00

*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

FPPC Form 460 (January/05)

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

Statement covers period from <u>7-01-2012</u> through 9-30-2012

CALIFORNIA 460

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER KEITH MASHBURN FOR CITY COUNCIL

1.D. NUMBER 1.3.2 8 1/8

/^.	EITH MASHDURIV TOP	C(I)	COUNCIL		13	28118
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERLD, NUMBER) C. H. WHEAT	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)
8/26/12	IMS PRODUCTS	IND ☐COM ☐OTH ☐PTY ☐SCC	BUSINESSOWNER	200.	200.	200, G2012
8/30/12	GERALO SMITH	COM COM OTH PTY SCC	PEVELOPMENT MACHINEST CLASSIC WILECUT CO VALENCIA	50,	50.	.50, 62012
8/30/12	JAY & AMY CARROT	IND COM OTH PTY scc	RETIRED	500,	500.	500, 62012
9/12/12	PALMOALE 47 th LLC	COM COM OTH PTY SCC	JONATHAN FRIEDMAN President Real Estate JEM STREET	250.	2501	250,6201
9/12/12	OUTBACK FOOTWEAR	IND COM OTH PTY SCC	BUSINESS OWNER JOE IRWIN	200.	200,	200, G 201
				1 12 A A.	House and the second second	W. S. W. S. W. C. L. S. W.

SUBTOTAL\$

hadula A Summany

Schedule A Summary

1. Amount received this period – Itemized monetary contributions.

(Include all Schedule A subtotals.)

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 2745, 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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

Statement covers period 7-01-2012

SCHEDULE A CALIFORNIA **FORM**

through 9-30-2012

I.D. NUMBER

1228118

/~	CITILIFICATION DOTES O TOL OL		00010	decelerations principalities in a constitution of a con-	/	3 d 8 1 1 5
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, 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)
9/12/12	NEPTUNE PLUMBING CO.	☑ND □COM □OTH □PTY □SCC	BUSINESS OWNER DAN MCBRIDE	1000,	1000.	1000,62012
9/13/12	AMY CORPORATION OBA SIMI VALLEY CARWASH		SIMI VALLEY CAR WASH	250,	250,	250,6201
9/22/12	KAWASAKI SPORTCYCLES,	DUDD COM OTH PTY scc	BUSINESS OWNER TOM HORTON	100.	100,	100, 62012
9/22/12		DIND COM OTH PTY SCC	BUSINESS OWNER DICK RHUADS	500,	1000,5h 500 gm	90000 900 500 , G2012
9/24/12	UDSEPH J.GRINSTEAD	MIND □COM □OTH □PTY □SCC	BRINDSTEAD ELECTRIC BUSINESS UWNER	500,	500,	500, 62012
		. ,	SUBTOTAL\$	2350,		

Schedule A Summary

1. Amount received this period – Itemized monetary contributions. (Include all Schedule A subtotals.) 2. Amount received this period – unitemized monetary contributions of less than \$100

KEITH MASH BURN FOR CITY COUNCIL

3. Total monetary contributions received this period. *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

FPPC Form 460 (January/05)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

			Tribio dollaro,	from 7-01	-2012	FORM 400
SEE INSTRUCTION	NS ON REVERSE			through <u>9-30</u>)-20/2 Pa	ge_8_ of_17_
NAME OF FILER	KEITH MASHBURN for	- CITY	COUNCIL 2	10/2	I.D.	NUMBER 1328118
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)
4/29/12	DOUG CROSSE	SIND COM OTH PTY SCC	RETIRED	200.	2001	200,62012
9/29/12	SIMI VALLEY MOORPARK TEA PARTY 1412 + 1945 - 2414983	□IND □COM □OTH • MAPTY □SCC		250	250,	250, 0-2012
9/29/12	PW GILLI BRAND CO INC		PW GILLIBEAND BUSINESS OWNER	1000.	1000.	1000, 62012
9/11/12	BRADLEY RICE	SIND COM OTH PTY SCC	BUSINASS OWNER REALTIWORKS	250.	250,	250.62012
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		,	SUBTOTAL	1700.		
1. Amount red (Include all 2. Amount red	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) ceived this period – unitemized monetary contribution	s of less than \$	\$100\$	8350,00 2745,00	otl OTH – Otr PTY – Polii	idual cipient Committee her than PTY or SCC) ner (e.g., business entity) tical Party
3. Total monel (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$	11,095.00	SCC-Sma	all Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Sched	ule	B-	Part	1
Loans	Rec	eive	ed	

** If required.

Type or print in ink.

Amounts may be rounded to whole dollars.

SCH	COL	11 177	n	rγΛ	DT 4	
SUH	ыл	JI 🗀	H-	PΡ	K I I	

CALIFORNIA

Statement covers period

Loans Received	••	to whole donar	5.	.	from <u>7-0</u>	1-2012	FORM	700
SEE INSTRUCTIONS ON REVERSE					through 9-3	30-2012	Page 9	of <u>17</u>
NAME OF FILER							I.D. NUMBER	
KEITH MASHE	BURN CITY		CIL a	2012			1328	
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 PAI OR FORGIVE THIS PERIO	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
LEITH MASHBURN	RETIRED			PAID \$ FORGIVEN	. 1000,	0 . 00 RATE	, 1000.	s / OOO
OIND COM OTH PTY SCC		<u> 1000.</u>	,	s O	DATE DUE	s <u>0,00</u>	5-/5-/2 DATE INCURRED	\$ 2012 \$ 10001
				PAID PAID FORGIVEN	\$	% RATE	\$	\$PER ELECTION **
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID \$ FORGIVEN		% RATE	\$	\$PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$		•	\$	\$		
Schedule B Summary					A	(Enter (e) on Schedule E, Line 3)		
Loans received this period(Total Column (b) plus unitemized loans	of less than \$100.)		•••••••	\$	<u> </u>	(to	ontributor Codes	.)
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	paid or forgiven.)	•		\$	0	INI CC	D Individual DM Recipient Co (other than F H Other (e.g., i Y Political Party	PTY or SCC) business entity)
3. Net change this period. (Subtract Line Enter the net here and on the Summary				NET \$	(May be a negative number)		C – Small Contrib	
*Amounts forgiven or paid by another party also m	nust be reported on Schedule A.)			•			

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

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7-01-2012 CALIFORNIA FORM 460

through 9-30-2012 Page 10 of 17

SEE INSTRUCTION	ONS ON REVERSE	through <u>9-30</u>	-2012	Page 10 of 17			
NAME OF FILER	KEITH MASHBURN +	or CITY C	OUNCIL 20	112		1.D. NUM	38118
DATE	DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE		DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	0,100,0		PER ELECTION TO DATE (IF REQUIRED)
	PSH GIVARGIS COMMUNITY COLLEGE BOARD FPPC #1347699	Monetary Contribution Nonmonetary Contribution Independent Expenditure		100,00	100	00	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
			SUBTOTAL	\$			
1. Itemized o	D Summary contributions and independent expenditures made t	•	,			\$	100,00
2. Unitemize	ed contributions and independent expenditures mad	le this period of unde	er \$100		•••••	\$	100,00
3. Total cont	ributions and independent expenditures made this	period. (Add Lines	1 and 2. Do not enter on th	e Summary Page.)	TO	TAL \$	100,00

Type or print in ink.

Amounts may be rounded to whole dollars.

print ads

Statement covers period from 7-01-20/2 through 9-30-20/2 Page 1 of 17

I.D. NUMBER

132-8/18

information technology costs (internet, e-mail)

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

KEITH MASHBURN for CITY COUNCIL 2012

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs campaign paraphernalia/misc. MBR member communications meetings and appearances RFD returned contributions CNS campaign consultants MTG contribution (explain nonmonetary)* office expenses SAL campaign workers' salaries CTB t.v. or cable airtime and production costs CVC civic donations petition circulating candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks TRC FIL FND fundralsing events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense professional services (legal, accounting) VOT voter registration

NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HOME DEPOT	CMP	WOOD for SIGNS	244,18
UARED HELD	emp	WEB SITE	125.00
CITY PRINTING	cmp	FLYERS	51.48

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

SUBTOTAL\$ 420,46

S	ch	ec	lui	e	E	S	u	m	m	a	ry	,
---	----	----	-----	---	---	---	---	---	---	---	----	---

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$.	10,621,31
2. Unitemized payments made this period of under \$100	\$	<u> </u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6,)	TOTAL \$.	10,621,3

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

Statement covers period **CALIFORNIA** from 7-01-2012 FORM 9-30-2012 I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MASHBURN for CITY COUNCIL 2012

CTB contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* OFC office expression of petition circles petition circl	mmunications and appearances culating ks I survey research elivery and messe al services (legal,	radio airtime and production costs returned contributions SAL campaign workers' salaries t.v. or cable airtime and production contributions TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meanures reger services TSF transfer between committees of the	ils same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EMBROIONE	стр	T-SHIRTS	130,02
CITY PRINTING	cmp	FLYERS	230,59
CITY of SIMI VALLEY	FIL	FILING	950,
* Payments that are contributions or independent expenditures must also be sum	marized on Sche	odule D. SUBTOTAI	L\$ 1310,61
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100	\$.	10,621,31	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	Page, Column A, Line 6,) TOTAL \$	10,621,31	

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

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

Statement covers period from 7-0/-20/2	CALIFORNIA 460	i
through 9-30-20/2	Page 13 of 17	
	I.D. NUMBER	•

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KEITH MASHBURN for CITY COUNCIL 2012

CTB contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/ballot fees FND fundraising events IND Independent expenditure supporting/opposing others (explain)* OFC office expenditure of petition circ petition circ problem probl	d appearances RFD returned com- nses SAL campaign wo dating TEL t.v. or cable a s TRC candidate tra survey research TRS staff/spouse of livery and messenger services TSF transfer betw services (legal, accounting) VOT voter registra	orkers' salaries airlime and production costs vel, lodging, and meals travel, lodging, and meals reen committees of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
VENTURA CO CRA MEMBERSHIP	MEMBERSHIP FE	E CRA 25,
GT DESIGN & GRAPHICS	CMP POSTERS	920,10
DICK KRANZLER SIGNS	CMP SIENS	275,
* Payments that are contributions or independent expenditures must also be sum	arized on Schedule D.	SUBTOTAL\$ 1220,10
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100	1, Column (e).)	\$ 0

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULEE
Statement covers period from 7-01-2012	CALIFORNIA 460
through 9-30-2012	Page 14 of 17
	1.D. NUMBER 1328118

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KEITH MASHBURN for CITY COUNCIL 2012

CNS campaign consultants . MT	R member com TG meetings an TC office exper TF petition circu- THO phone banks THO polling and THO postage, del THO professional	munications d appearance uses lating survey researd lery and mes	RAD radio airtime and production costs s RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cos TRC candidate travel, lodging, and meals	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
CHAMBER OF COMMERCE		3	MEMBERSHIP FEE	197,
CITY PRINTING		СМР	FLYERS	493,35
JARED HELD		CMP	WEBSITE	300,
* Payments that are contributions or independent expenditures must	also þe summ	arized on Sc	chedule D. SUBTOTAL	990,35
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E su 2. Unitemized payments made this period of under \$100	ubtotals.)		\$_	10,621,31

Type or print in ink.

Amounts may be rounded to whole dollars.

			SCHEDULEE
-	Statement covers period	CALIFORNIA	AGO
	from 7-01-2012	FORM	400
	through 9-30-20/2	Page 15 o	. 17
l		I.D. NUMBER	
		12201	10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes of the campaign paraphernalia/misc. NS campaign consultants contribution (explain nonmonetary)* OC civic donations candidate filing/ballot fees fundralising events independent expenditure supporting/opposing others (explain)* EG legal defense campaign literature and mailings		nter the code. Otherwise, of RAD ces RFD SAL TEL TRC arch TRS nessenger services TSF	describe the payment. radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production candidate travel, lodging, and meals staff/spouse travel, lodging, and me transfer between committees of the voter registration	als same candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CÓDE	OR DESCRIPTION	ON OF PAYMENT	AMOUNT PAID
WEB LICTIALL TIES				

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
WEB LISTING INC.	CMP	WEB SITE	85,
HOME DEPOT	CMP	SIGN MATERIAL	62,14
HOME DEPOT	CMP	SIGN MATERIAL	31.07

* Payments that are contributions or independent expenditures must also be summ	narized on Schedule D.	SUBTOTAL\$ 178,21
Schedule E Summary		10
1. Itemized payments made this period. (Include all Schedule E subtotals.)		\$ 10,621,31
2. Unitemized payments made this period of under \$100		
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part	1, Column (e).)	······································
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the	TOTAL \$ 10.621.31	
Total paymone made the period () as allowing a factor of the second of	· · · · · · · · · · · · · · · · · · ·	

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 7-01-2012	CALIFORNIA 460
through 9-30-20/2	Page 16 of 17
2	1.D. NUMBER 1328/18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KEITH MASHBURN FOR CITY COUNCIL 2012

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications campaign consultants MTG meetings and appearances RFD returned contributions SAL campaign workers' salaries contribution (explain nonmonetary)* OFC office expenses petition circulating t.v. or cable airtime and production costs CVC civic donations PET candidate travel, lodging, and meals phone banks TRC candidate filing/ballot fees PHO polling and survey research TRS staff/spouse travel, lodging, and meals fundraising events POL. FND postage, delivery and messenger services transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* TSF IND POS professional services (legal, accounting) VOT voter registration legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER (, D. NUMBER)	CODE OF	R DESCRIPTION OF PAYMENT	AMOUNT PAID
ASH GIVARGIS	ų .	CONTRIBUTION	100.
DICK RRANZLER	CMP	STICKERS	245,
CHAMBER of COMMERCE	PRT	PRINT ADS	249,

	3110
Schedule E Summary	71
Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 10,621, ³¹
2. Unitemized payments made this period of under \$100	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page,	Column A, Line 6.)

SUBTOTALS 594

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

SCHEDULEE Statement covers period CALIFORNIA FORM 7-01-2012 9-30-2012 through Page _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KEITH MASHBURN FOR CITY COUNCIL 2012

CODES: If one of the following codes accurately describes the payment, y	ou may enter the code.	Otherwise, describe the payment.	•
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* OFC office expendition circ petition circ phone ban polling and postage, d	and appearances enses culating iks i survey research lelivery and messenger service al services (legal, accounting)		s eals e same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DM HAND ASSOC	LIT		5000.
ACORN NEWSPAPER	PRT		532,
CUTY PRINTING	смр	PRINTING-	375,38
* Payments that are contributions or independent expenditures must also be sumi	marized on Schedule D.	SUBTOTA	als 5907, 38
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)			10,621,31
2. Unitermized payments made this period of under \$100	***************************************		<u> </u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Par			
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on	the Summary Page, Colu	mn A, Line 6,) TOTAL \$	10,621.31
	,		O Forms 400 (Investigation)