Recipient Committee	Type or print in	ink.	Date Stamp	COVER PAGE CALIFORNIA 160
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			RECEIVED CITY OF SIMI VALLEY	2001/02 400
(Statement covers period from7/1/14	Date of election if applicable (Month, Day, Year)		Page 1 of W
SEE INSTRUCTIONS ON REVERSE	through 9/30/14	11/4/14	OFFIGE OF CITY CLERK	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	010	
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	Ballot Measure Committee Primarily Formed Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain	nt	ecial Odd-Year Report pplemental Preelection atement - Attach Form 495
	D. NUMBER			
3. Committee information	327401	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Mike Judge for City Council 2014		NAME OF TREASURER Sarit Judge MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP	CODE AREA CODE/PHONE
CITY STATE ZIP CO	DDE AREA CODE/PHONE	NAME OF ASSISTANT TREASU	URER, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	30X	MAILING ADDRESS		-
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADE	DRESS	A CONTRACTOR OF THE CONTRACTOR
I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State Executed on Executed on Date Executed on Date	of California that the foregoing is true By By	skinowledge the information containand carrent. Skinarthe of Treasurer or Assistant of Treasurer or Assistant of Treasurer or Assistant of Treasurer of Controlling Officeholder, Candidate, State Measure P	nt Treasurer Proponent or Responsible Officer of Sponso	
Executed on	Ву	J. J		EDDC Form 460 (lune/01)

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Date

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

	COVER	PAGE - PART 2
	FORNIA DRM	460
Page _	2	of 12

MAME OF OFFICEHOLDER OR CANDIDATE IIKE Judge FICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council (Simi Valley)		NAME OF BALLOT MEASURE			
FICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)					
ity Council (Simi Valley)				·	
<u> </u>		BALLOT NO. OR LETTER	JURISDICTION	· I L	SUPPORT
				<u> </u>	OPPOSE
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE Z	ZIP	Identify the controlling o	fficeholder, cand	idate, or state measure	proponent, if a
		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PRO	PONENT	
elated Committees Not Included in this Statement: List any committees tincluded in this statement that are controlled by you or are primarily formed to recontributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD	, , , 	DISTRICT NO.	IF ANY
DMMITTEE NAME I.D. NUMBER					
ME OF TREASURER CONTROLLED COMMITTEE?	 7.	Primarily Formed Co		ames of officeholder(s) or	candidate(s) for
□ YES □ NO		which this committee is pri	marily formed.		
DMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
					OPPOSE
TY STATE ZIP CODE AREA CODE/PH	IONE	NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT
	~*** <u>*</u>				OPPOSE
DMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HELD	
	<u> </u>	WANTE OF OFFICE POEDER OF	CANDIDATE	STATE SOSSIAL SICILLES	SUPPORT OPPOSE
AME OF TREASURER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OF	CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
YES NO	<u> </u>				OPPOSE
DMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					
TY STATE ZIP CODE AREA CODE/PH	IONE			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 **CALIFORNIA FORM** 7/1/14 from _ 9/30/14 Page _ through . I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mike Judge For City Council 2014 1327401

Contributions Received	 Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TODATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3	\$ 11399.00	\$	12274.00	General Elections 1/1 through 6/30 7/1 to Date
 SUBTOTAL CASH CONTRIBUTIONS	11399.00 0 11399.00	\$	12274.00 0 12274.00	20. Contributions Received \$ N/A \$ N/A 21. Expenditures Made \$ N/A \$ N/A
Expenditures Made 6. Payments Made	\$ 4789.07 0 4789.07 0 0 4789.07	\$	4913.01 0 4913.01 0 0 4913.01	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	\$ 758.71 11399.00 0 4789.07 7368.64	am cor from co figures sub	calculate Column B, add counts in Column A to the responding amounts in Column B of your last cort. Some amounts in lumn A may be negative ures that should be otracted from previous fiod amounts. If this is a first report being filed	\$\$ \$
17. LOAN GUARANTEES RECEIVED	\$ 0	for car	this calendar year, only ry over the amounts m Lines 2, 7, and 9 (if	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

				from7/	1/14	FORM 40	JU
EE INSTRUCTIO	DNS ON REVERSE			through9/	30/14	Page 4 of V	
IAME OF FILER Mike Judge	For City Council 2014				i	I.D. NUMBER 1327401	
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 D. CALENDAR YEA (JAN. 1 - DEC. 3	R TO DATE	
7/9/14	ERIKA LEWIS	IND COM OTH PTY	HOMEMAKER	100.00	100.0	oo	
7/9/14	MITCHELL GREEN	ZIND COM OTH PTY SCC	LAYWER LAW OFFICE OF MITHCELL GREEN	100.00	100.0	00	
7/9/14	GARY & RITA HAINLINE	IND COM OTH PTY SCC	RETIRED	100.00	100.0	00	
7/9/14	ERIC LITTLE	IND COM OTH PTY	STATE FARM AGENCY - ERIC LITTLE	100.00	100.0	00	
7/9/14	KEITH MASHURN	IND COM OTH PTY SCC	CITY COUNCILMAN SIMI VALLEY	100.00	100.0	00	
			SUBTOTAL \$	500.00			
I. Amount re (Include al 2. Amount re 3. Total mone	A Summary ceived this period – contributions of \$100 or more. Il Schedule A subtotals.)	an \$100	\$	_	IND - In COM - I OTH - C PTY - P	Recipient Committee (other than PTY or SCC)	

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary	onetary Contributions Received		is may be rounded whole dollars.	Statement cov	ers period /1/14	CALIFORNIA 460		
	DNS ON REVERSE			through9/	/30/14	Page		
IAME OF FILER Mike Judge	For City Council 2014					1.D. NI 13274	JMBER 401	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
7/9/14	ISAAC MORADI	IND COM OTH PTY	ICO, INVESTMENT GOUP,INC	1000.00	1000	1000.00		
7/9/14	JACQUELINE MORADI	IND COM OTH PTY	Home Makes	1000.00	1000	0.00		
7/9/14	RICHARD CARTER	IND COM OTH PTY	SELF EMPLOYED RKC SALES	100.00	100	0.00		
7/9/14	KELLY KOLAREK	IND COM OTH PTY	CAR DEALER K&J AUTO ECHANGE	300.00	300	0.00		
7/9/14	KIM MILSTEIN	IND COM OTH PTY SCC	CEO SIMI VALLEY HOSPITAL	250.00	250	0.00		
			SUBTOTAL \$	2650.00				
. Amount re (Include al 2. Amount re 3. Total mone	A Summary eceived this period – contributions of \$100 or more. Il Schedule A subtotals.)	an \$100	\$		IND- COM OTH- PTY-	(other - Other - Politica	al ent Committee than PTY or SCC)	
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$					

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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

SCHEDULE A

Statement covers period

Monetary Contributions Received			whole dollars.	Statement coverage 7/	ers period 1/14	RNIA 460	
	DNS ON REVERSE			through9/	30/14	Page	6 of 12
AME OF FILER Mike Judge	For City Council 2014				-	I.D. NUMB 1327401	ER
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 CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
7/9/14	ANTHONY JUDGE	IND COM OTH PTY	COLONEL - U.S. ARMY	100.00	100.00		
7/9/14	RICK MONSOUR	IND COM OTH PTY SCC	RETIRED	100.00	100	.00	
8/9/14	RICHARD RHOADES	IND COM OTH PTY	OWNER GREEN ACRES MEATS	500.00	500.00		
9/8/14	WILLIAM KLEPPER	IND COM OTH PTY	REGIONAL DIRECTOR- RNC GENTER CAPITAL	100.00	100	.00	
#2/14 9)8	CELINE L. GILLIBRAND	IND COM OTH PTY	SELF EMPLOYED P.W. GILLIBRAND CO. INC	1000.00	1000	.00	
			SUBTOTAL \$	1800.00			
. Amount re (Include a 2. Amount re 3. Total mone	A Summary acceived this period – contributions of \$100 or more. Il Schedule A subtotals.) acceived this period – unitemized contributions of less the etary contributions received this period. Is 1 and 2. Enter here and on the Summary Page, Column	an \$100	\$ <u></u>		IND – COM- OTH - PTY –	- Other Political Pa - Small Cont	Committee 1 PTY or SCC)
					FPPC Toll-		ne: 866/ASK-FPPC

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

SCHEDULE A

Statement covers period

Monetary	lonetary Contributions Received		whole dollars.	from7/	7/1/14 CALIFORNIA FORM		
	ONS ON REVERSE			through9/	30/14	Page _	7 of 12
AME OF FILER Mike Judge	For City Council 2014					I.D. NUM 132740	
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 CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/19/14	STEVEN MANIOS	IND COM OTH PTY	OWNER OF PLAZA	250.00	250.00		
9/19/14	DANIEL MCBRIDE	ZIND COM OTH PTY SCC	PLUMBING CONTRACTOR	1000.00	1000.00		
9/19/14	LAURENCE PAUL	IND COM OTH PTY SCC	OWNER	1000.00	1000.00		
9/19/14	VENTURA COUNTY LINCOLN CLUB FPPC # 1229493	□IND □OTH □PTY SCC		1000.00	1000	0.00	
9/19/14	RANDY ZIMMERMAN	IND COM OTH PTY	SELF EMPLOYED ZIMMERMAN ENTERPRISES,LLC	1000.00	1000	0.00	
			SUBTOTAL \$	4250.00			
. Amount re (Include al 2. Amount re 3. Total mone	A Summary ceived this period – contributions of \$100 or more. Il Schedule A subtotals.) ceived this period – unitemized contributions of less the etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Column	an \$100	\$		IND – COM OTH- PTY-	(other th - Other - Political F	t Committee an PTY or SCC)
(Aud Ellies	5 rand 2. Enter here and on the outliniary rage, cold	A, LIUÇ 1.)			FPPC Toll-		Form 460 (June/01) pline: 866/ASK-FPPC

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

Ionetary Contributions Received			whole dollars.	Statement coverage from	7/1/14 CALIFORNIA FORM			0
EE INSTRUCTIO	ONS ON REVERSE			through9/	30/14	Page .	8 of 1	_
AME OF FILER						I.D. NU	MBER	
Mike Judge	For City Council 2014			·		13274	01	
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 T CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
9/19/14	CHRIS BILLER	IND COM OTH PTY	OWNER OF GRETA'S FIREARMS	100.00	100.00			
9/29/14	SIMI VALLEY POLICE OFFICERS ASSN PAC FPPC#1322961	☐IND ICOM ☐OTH ☐PTY SCC		1000.00	100	00.00		
9/29/14	PAUL COMBS	MIND COM OTH PTY SCC	RETIRED	100.00	10	00.00		
		IND COM OTH PTY						
		IND COM OTH PTY						
			SUBTOTAL \$	1200.00				i ş
	A Summary					ntributor C		$\overline{\uparrow}$
. Amount re (Include a	ceived this period – contributions of \$100 or more. Il Schedule A subtotals.)		\$	10400.00		M – Recipie	nt Committee than PTY or SCC)	
. Amount re	ceived this period – unitemized contributions of less th	an \$100	\$	999.00		H – Òther ∕ – Political	•	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.))TOTAL \$	11399.00		C – Small C	ontributor Committee	ر
					FPPC To		Ipline: 866/ASK-FF	

Schedule E

Type or print in ink.
Amounts may be rounded

Stateme	nt covers period	CALIFORNIA 160
from	7/1/14	FORM 460
through	9/30/14	Page 9 of 12
		I.D. NUMBER

Payments Made	to whole d	to whole dollars.			from7/1/14			400
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Mike Judge For City Council 2014				through	through9/30/14		9 JMBER 01	of 12
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance nses lating s survey resear ivery and me	es	RAD radio a RFD returns SAL campa TEL t.v. or of TRC candid TRS staff/sp TSF transfe VOT voter r	e the payment. irtime and productions id contributions ign workers' salaries cable airtime and pro ate travel, lodging, ar couse travel, lodging, r between committee egistration ation technology cost	duction cos duction cos nd meals and meals es of the sa	s ame can	didate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DES	CRIPTION OF PAY	MENT		AN	MOUNT PAID
SIMI VALLEY CANINE			Golf Tou	maner	* ticket			125.00
CITY OF SIMI VALLEY		FNL						950.00
FAST WRAP		CMP						268.75
* Payments that are contributions or independent expenditures r	must also be summ	arized on S	chedule D.		SI	JBTOTAL :	\$	1343.75
Schedule E Summary								4057.70
1. Payments made this period of \$100 or more. (Include all So		-					 	4357.76
2. Unitemized payments made this period of under \$100								431.31 0.00
3. Total interest paid this period on loans. (Enter amount from								4789.07
4. Total payments made this period. (Add Lines 1, 2, and 3. E	nter here and on th	ne Summai	y Page, Column A,	Line 6.)	TO	TAL \$_		4/09.0/

Schedule E

SCHEDU	н	F	F	CONT	ı
COLLED	ノレ	_		LOUINI.	ı

Continuation Sheet) ayments Made	Amounts may be rounded to whole dollars.	Statement covers period 7/1/14	CALIFORNIA 460		
E INSTRUCTIONS ON REVERSE		through 9/30/14	Page		
ME OF FILER			I.D. NUMBER		
Mike Judge For City Council 2014			1327401		

CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc.	MBR member communications						
CNS campaign consultants	aign consultants MTG meetings				RFD	radio airtime and production costs returned contributions	
CTB contribution (explain nonmonetary)* CVC civic donations		office expen- petition circul			SAL	campaign workers' salaries t.v. or cable airtime and production cost	c
FIL candidate filing/ballot fees	PHO	phone banks	_		TRC	candidate travel, lodging, and meals	5
FND fundraising events ND independent expenditure supporting/opposing others (explain)*	POL	polling and s	urvey resea	arch essenger services	TRS	staff/spouse travel, lodging, and meals transfer between committees of the sal	ma candidata/anenae
LEG legal defense	PRO	professional	services (le	gal, 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	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
SIMI VALLEY HISTORICAL SOCIETY							
			CMP				150.00
			· · · · · · · · · · · · · · · · · · ·				
CONTINUING THE REPUBLICAN REVOLUTION							
			CMP				350.00
				_			
CITIZENS FOR GOOD GOVERNMENT		'					
			CMP				451.22
CALIFORNIA FOR QUALITY EDUCATION							
CALII ONNIA I ON QUALITY EDUCATION			CMP				293.30
							200.00
					44		
LASER DESIGN 4 YOU							
			CMP				268.75
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$					1513.27		

Schedule E

SCHEDULE E	CONT.)
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(Continuation Sheet) Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE		through9/30/14	Page		
IAME OF FILER			I.D. NUMBER		
Mike Judge For City Council 2014			1327401		

TOTAL WINE & MORE			FND				186.83
KOPY KING			PRT				258.00
STICKERBANNER.COM			СМР				120.00
LOWES #1162			CMP				175.93
MAGNETS ON THE CHEAP. COM			CMP				141.70
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION	ON OF PAYMENT	AMOUNT PAID
campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR MTG OFC PET PHO POL POS PRO PRT	office expen petition circul phone banks polling and s postage, deli	munications d appearan ses lating survey rese ivery and n	s ces			s ame candidate/sponso

Schedule E (Continuation Sheet) Payments Made

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

SCHEDU	JLE E	(CONT.)
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CALIFORNIA ACC

Statement covers period

Payments Made	to whole do	llars.		from	7/1/14	FOR	- TOU
				through	9/30/14	Page	12 of 12
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							
Mike Judge For City Council 2014						1.D. NUMB 1327401	
CODES: If one of the following codes accurately describe	es the payment, y	ou may e	nter the code. Oth	erwise, descr	ibe the paymer	nt.	
CMP campaign paraphemalia/misc.	MBR member com				irtime and producti	on costs	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and OFC office expen	d appearance	es		d contributions ign workers' salari	96	
CVC civic donations	PET petition circu	lating		TEL t.v. or	able airtime and p	roduction costs	3
FIL candidate filing/ballot fees	PHO phone banks		u a la	TRC candid	ate travel, lodging,	and meals	
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POL polling and s POS postage, del	iverv and me	essenger services	TSF transfe	ouse travel, lodgin r between committe	g, and meals ees of the sar	ne candidate/spons
LEG legal defense	PRO professional	services (leg	gal, accounting)	VOT voter r	egistration		
LIT campaign literature and mailings	PRT print ads			WEB informa	ation technology co	sts (internet, e	-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION OF PA	MENT		AMOUNT PAID
COSTCO							
		FND					118.28
WELCOME TO THE NEIGHBORHOOD							
•		PRT					500.00
				•			
							

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

618.28

SUBTOTAL \$