

**Recipient Committee
Campaign Statement
Cover Page**

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SEP 29 2016

CALIFORNIA
FORM
460

Page 1 of 6
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SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>07/01/16</u> through <u>09/24/16</u>	Date of election if applicable: (Month, Day, Year) <u>11/08/16</u> <i>City of Lompoc - City Clerk's Office</i>
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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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
JAMES MOSBY FOR COUNCIL 2016

I.D. NUMBER
1389585

Treasurer(s)

NAME OF TREASURER
ALLAN F CLARK

MAILING ADDRESS
921 BELLFLOWER LN

CITY STATE ZIP CODE AREA CODE/PHONE
LOMPOC CA 93436 805-275-4248

STREET ADDRESS (NO P.O. BOX)
33 CAMBRIDGE DR

CITY STATE ZIP CODE AREA CODE/PHONE
LOMPOC CA 93436 805-801-2362

MAILING ADDRESS
LOMPOC CA 93436 805-275-4248

CITY STATE ZIP CODE AREA CODE/PHONE

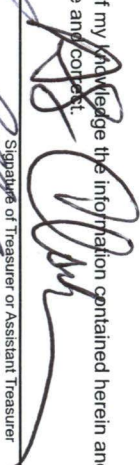
CITY STATE ZIP CODE AREA CODE/PHONE


OPTIONAL: FAX / E-MAIL ADDRESS

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 09/28/2016 Date
By  Signature of Treasurer or Assistant Treasurer

Executed on 09/29/2016 Date
By  Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date
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
JAMES I MOSBY

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CITY COUNCIL, LOMPOC, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
33 CAMBRIDGE DR LOMPOC, CA 93436

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
 SUPPORT
 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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
JAMES MOSBY FOR COUNCIL 2016

Statement covers period from 07/01/16 through 09/24/16	CALIFORNIA FORM 460
Page 3 of 6	I.D. NUMBER 1389585

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 1,000	\$ 1,000
2. Loans Received.....	Schedule B, Line 3 2,847	2,847
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 3,847	\$ 3,847
4. Nonmonetary Contributions.....	Schedule C, Line 3 3,847	3,847
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 3,847	\$ 3,847

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 \$ 2,847	\$ 2,847
7. Loans Made.....	Schedule H, Line 3 2,847	2,847
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 2,847	\$ 2,847
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 2,847	2,847
10. Nonmonetary Adjustment.....	Schedule G, Line 3 2,847	2,847
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 2,847	\$ 2,847

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 \$ 0	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).
13. Cash Receipts.....	Column A, Line 3 above 3,847	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 2,847	
15. Cash Payments.....	Column A, Line 8 above 1,000	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,000	

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2 \$ 1,000
18. Cash Equivalents.....	See instructions on reverse \$ 2,847
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ 2,847

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received.....	1/1 through 6/30 \$ 3,847	7/1 to Date \$ 3,847
21. Expenditures Made.....	\$ 2,847	\$ 2,847

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
	/ /	\$
	/ /	\$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/16 through 09/24/16

CALIFORNIA 460 FORM

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
JAMES MOSBY FOR COUNCIL 2016

I.D. NUMBER
1389585

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)
08/31/16	JAMES H MOSBY & VIRGINIA E MOSBY PO BOX 786 MAXWELL, CA 95955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	500	500	500
09/08/16	JAMES I MOSBY 33 CAMBRIDGE DR LOMPOC, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED MOSBY ENTERPRISES	500	500	500
SUBTOTAL \$				1,000		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 1,000
- Amount received this period – unitemized monetary contributions of less than \$100\$ 1,000
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,000

*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**

Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1
**CALIFORNIA 460
FORM**

Statement covers period
from 07/01/16
through 09/24/16

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JAMES MOSBY FOR COUNCIL 2016

I.D. NUMBER
1389585

FULL NAME, STREET ADDRESS AND ZIP CODE (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
AUDREY MOSBY PO BOX 1227 LOMPOC, CA 93438	HOMEMAKER	\$ 0	\$ 1,972	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 1,972 DATE DUE _____	_____% RATE	\$ 1,972 08/16/16 DATE INCURRED	CALENDAR YEAR \$ 1,972 PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
JAMES I MOSBY 33 CAMBRIDGE DR LOMPOC, CA 93436	SELF-EMPLOYED MOSBY ENTERPRISES	\$ 0	\$ 875	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 875 DATE DUE _____	_____% RATE	\$ 875 08/10/16 DATE INCURRED	CALENDAR YEAR \$ 875 PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS		\$	\$	\$	\$	\$	\$	\$
					2,847			

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

Schedule B Summary

- Loans received this period \$ 2,847
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ _____
(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 \$** 2,847
(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 E
Payments Made**

Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/16
through 09/24/16

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
JAMES MOSBY FOR COUNCIL 2016

I.D. NUMBER
1389585

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
SUPER CHEAP SIGNS 9200 WATERFORD CENTRE BLVD AUSTIN, TX 78758	CMP		ELECTION SIGNS	1,972
CITY OF LOMPOC 100 CIVIC CENTER PLAZA LOMPOC, CA 93436	FIL		FILING FEE AND CANDIDATE STATEMENT	825
SUBTOTAL \$				2,797

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 2,797
- Unitemized payments made this period of under \$100 \$ 50
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 2,847
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 2,847