

# Recipient Committee Campaign Statement Cover Page

OTHER PAGE

CALIFORNIA 460  
FORM

Date Stamp: **RECEIVED**  
**SEP 29 2022**  
City of Long Beach - City Clerk's Office

Page 2 of 5  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)

11-08-22

Statement covers period

from 7-1-2022  
through 9-29-2022

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 (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
- Quarterly Statement
- Semi-annual Statement
- Special Odd-Year Report
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)

## 3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

MOSBY FOR MAYOR 2022

I.D. NUMBER

1284061

## Treasurer(s)

NAME OF TREASURER

SARY BAUER

MAILING ADDRESS

755 EAST HWY 246

STREET ADDRESS (NO P.O. BOX)

33 CAMBRIDGE DR.

CITY

LOWPOC

STATE

CA

ZIP CODE

905

AREA CODE/PHONE

301-2362

CITY

LOWPOC

STATE

CA

ZIP CODE

905

AREA CODE/PHONE

305 899 4583

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL 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

9-29-22

Date

By [Signature]

Signature of Treasurer or Assistant Treasurer

Executed on

9-29-22

Date

By [Signature]

Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on

Date

By [Signature]

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on

Date

By [Signature]

Signature of Controlling Officerholder, Candidate, State Measure Proponent

# Instructions for Recipient Committee Campaign Statement – Cover Page

## Period Covered by a Statement:

The "period covered" by a campaign statement begins the day after the closing date of the last campaign statement filed. For example, if the closing date of the last statement was September 30, the beginning date of the next statement will be October 1.

If this is the committee's first campaign statement, begin with January 1 of the current calendar year.

The closing date of the statement depends on the type of statement you are filing.

## Date of Election:

If you are filing this statement as a preelection statement in connection with an election, enter the date of the election.

## Type of Recipient Committee:

Check one box to indicate the type of committee filing the statement. General descriptions are provided on the cover sheet to this form, or contact your filing officer or the FPPC for assistance. Following are some additional guidelines:

### Controlled Committee

- A controlled committee is one that is controlled by a candidate, officeholder or, in the case of a state ballot measure committee, by the proponent of the measure. A committee is "controlled" if the candidate, officeholder, or proponent, his or her agent, or any other committee he or she controls, has a significant influence on the actions or decisions of the committee.

### Sponsored Committees

- A sponsored committee is one that has a sponsor—a business entity, organization, union, or other entity—that meets certain criteria. Sponsored ballot measure committees and general purpose committees must include the name of the sponsor in the name of the committee.

### Small Contributor Committees

- This term is significant only if the committee makes contributions to candidates running for elective state office.

## Type of Statement:

Check the appropriate box(es) to indicate the type of statement you are filing (or amending).

**Amendments:** If you are filing an amendment to a previously filed statement, give a brief explanation of the amendment and list the schedules being amended. Include an amended summary page, if applicable. Be sure to enter the period covered of the statement you are amending.

**Termination:** A committee must continue filing campaign statements each year until it is eligible to terminate and files a Form 410 Termination.

Most officeholders must continue filing campaign statements until they have terminated all controlled committees and have left office.

## Committee I.D. Number:

If the committee has not yet received an identification number from the Secretary of State, enter "Not Yet Received." File Form 410 to obtain an I.D. Number.

## Verification:

The statement must be signed by the committee treasurer or the assistant treasurer named on the committee's Statement of Organization (Form 410). An officeholder, candidate, or state measure proponent who controls the committee must also sign the statement. If two or three officeholders, candidates, or proponents control the committee, each must sign the statement. If more than three control the committee, one may sign on behalf of the others.

Under certain circumstances, the responsible officer of a sponsoring organization must sign the statement.

## Additional Important Information:

Refer to the FPPC Campaign Disclosure Manual for your type of committee for information about:

- When, where, and what type of statements the committee is required to file.
- Closing date of campaign statements.
- Sponsored committee criteria.
- Termination criteria.
- Recordkeeping requirements and prohibitions.

2EB 5 3055

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
JAMES MOSBY

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
MAYOR

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

**Instructions for  
Recipient Committee  
Campaign Statement – Cover Page**

**Officeholder or Candidate Controlled  
Committee:**

Candidates must have a separate bank account and committee to run for different elective offices. A candidate who is required to file campaign statements in connection with more than one elective office but is only receiving contributions and making expenditures for one of the offices, may include both offices on one Form 460. In Part 5 of the cover page, enter the candidate's name and under "Office Sought or Held," identify each office, and state whether the candidate is seeking or holding the office. The Form 460 must be filed with the appropriate filing officer(s) for each office.

For example, a city councilmember is raising funds to run for the county board of supervisors. She has no committee and is not raising or spending funds in connection with the city office, and has formed a controlled committee for the county office. To comply with the requirements to file campaign statements for both her city office and her county candidacy, she may complete one Form 460 each campaign reporting period, which she will file with the city clerk and the county elections department. In Part 5 of the Form 460 Cover Page, under "Office Sought or Held," she will state that she is holding the office of city councilmember (including the name of the city) and that she is seeking a seat on the board of supervisors (including the name of the county).

**Ballot Measure Committee:**

Part 6 of the Form 460 Cover Page must be completed by committees that are primarily formed to support or oppose the qualification or passage of a single ballot measure or two or more measures being voted on in the same city, county, multicounty, or state election. A "general purpose" ballot measure committee (one that supports or opposes a variety of state and/or local ballot measures) is not required to complete Part 6.

**Schedule B - Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

**CALIFORNIA FORM 460**

Statement covers period from 07-01-22 through 09-29-22

Page 3 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JAMES MOSBY

I.D. NUMBER

14541061

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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
				PAID	FORGIVEN				
JAMES 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	MOSBY ENTERPRISES	\$ 0	\$ 10,000.	<input type="checkbox"/> PAID \$	<input type="checkbox"/> FORGIVEN \$	\$	0 %	\$ 10,000.	\$ 10,000.
		\$	\$	<input type="checkbox"/> PAID \$	<input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$
		\$	\$	<input type="checkbox"/> PAID \$	<input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$
<b>SUBTOTALS</b>		\$	\$ 10,000.	\$	\$	\$	\$	\$	\$

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

**Schedule B Summary**

- Loans received this period ..... \$ 10,000.  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(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 \$ 10,000.  
Enter the net here and on the Summary Page, Column A, Line 2.  
(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.

# Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

from 07-01-22 through 09-29-22

CALIFORNIA FORM 460

Page 24 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JAMES MOSBY

I.D. NUMBER

1454061

## 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 \$ \_\_\_\_\_

### Column B CALENDAR YEAR TOTAL TO DATE

\$ 0  
\$ 10,000.  
\$ 10,000.  
\$ 10,000.

### Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)

\$ 0  
\$ 10,000.  
\$ 10,000.  
\$ 10,000.

## Contributions Received

1. Monetary Contributions ..... Schedule A, Line 3 \$ \_\_\_\_\_
2. Loans Received ..... Schedule B, Line 3 \$ \_\_\_\_\_
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2 \$ \_\_\_\_\_
4. Nonmonetary Contributions ..... Schedule C, Line 3 \$ \_\_\_\_\_
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 \$ \_\_\_\_\_

## Expenditures Made

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

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16 \$ \_\_\_\_\_
13. Cash Receipts ..... Column A, Line 3 above \$ 10,000.
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4 \$ \_\_\_\_\_
15. Cash Payments ..... Column A, Line 8 above \$ \_\_\_\_\_
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 \$ 10,000.

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ \_\_\_\_\_

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See Instructions on reverse \$ \_\_\_\_\_
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above \$ \_\_\_\_\_

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yyyy) \_\_\_\_\_ Total to Date \$ \_\_\_\_\_  
\_\_\_\_\_ Total to Date \$ \_\_\_\_\_

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.

Statement covers period from 07-01-22 through 09-29-22

Amounts may be rounded to whole dollars.

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

JAMES MOSBY

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

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

Table with columns: NAME AND ADDRESS OF PAYEE, CODE OR, DESCRIPTION OF PAYMENT, AMOUNT PAID

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

SUBTOTAL \$

Schedule E Summary

- 1. Itemized payments made this period. (Include all Schedule E subtotals.)
2. Unitemized payments made this period of under \$100
3. Total interest paid this period on loans.
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)