

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Statement covers period from <u>09/23/2018</u> through <u>10/20/2018</u>		Date of election if applicable: (Month, Day, Year) <u>11/06/2018</u>	Date Stamp RECEIVED CITY OF LOMPOC CITY CLERK'S OFFICE 2018 OCT 24 P 1:06	CALIFORNIA 460 FORM
			Page <u>1</u> of <u>8</u>	For Official Use Only

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
- 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)
MOSBY FOR MAYOR 2018

I.D. NUMBER
1410507

Treasurer(s)

NAME OF TREASURER
JOHN A. RODENHI, CPA

MAILING ADDRESS
PO BO 369

CITY LOMPOC STATE CA ZIP CODE 93438 AREA CODE/PHONE 805/735-4170

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

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

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

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS
mosbyenterprises@aol.com

OPTIONAL: FAX / E-MAIL ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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 10/24/18 Date

By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on 10/24/18 Date

By [Signature] 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 IAN MOSBY
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR, CITY OF LOMPOC
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
33 CAMBRIDGE DRIVE 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

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 09/23/2018 through 10/20/2018	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
MOSBY FOR MAYOR 2018

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ 12099.00	\$ 12893.00
2. Loans Received.....	Schedule B, Line 3 \$ 12099.00	\$ 1708.15
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 24198.00	\$ 14601.15
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$ 12099.00	\$ 14601.15
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 36297.00	\$ 29202.30

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

6. Payments Made.....	Schedule E, Line 4 \$ 9751.77	\$ 11459.92
7. Loans Made.....	Schedule H, Line 3 \$ 9751.77	\$ 11459.92
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 19503.54	\$ 22919.84
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 \$ 9751.77	\$ 11459.92
10. Nonmonetary Adjustment.....	Schedule G, Line 3 \$ 9751.77	\$ 11459.92
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 39207.08	\$ 46839.68

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 \$ 794.00
13. Cash Receipts.....	Column A, Line 3 above 12099.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 9751.77
15. Cash Payments.....	Column A, Line 8 above 3141.23
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3141.23

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 \$ 3141.23
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above \$ 1708.15

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.

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/23/2018
through 10/20/2018

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FORM
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SCHEDULE A

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
MOSBY FOR MAYOR 2018

I.D. NUMBER
1410507

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)
10/02/2018	KATHERINE SCHMERZLER 215 SOUTH H STREET LOMPOC, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	1000.00	1000.00	
10/04/2018	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	2500.00	2500.00	
10/04/2018	DOUG ENLOE PO BOX 1698 NIPOMO, CA 93444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WELL DRILLER ENLOE WELL DRILLING	1000.00	1000.00	
10/12/2018	JOE MELOCHE C/O ARSONHOUSE ENTERTAINMENT INC 11150 W OLYMPIC BLVD ST 1140 LOS ANGELES, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CORP EXEC ARSONHOUSE ENT INC	1000.00	1000.00	
10/12/2018	THERON J. SMITH 712 ST ANDREWS WAY LOMPOC, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENTREPRENEUR DRIVE-IN RECYCLING	2000.00	2000.00	
SUBTOTAL \$				7500.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 12000.00
..... \$ 99.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 12099.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 12099.00

*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

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/23/2018
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1410507

SCHEDULE A (CONT.)
CALIFORNIA FORM 460

NAME OF FILER
MOSBY FOR MAYOR 2018

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
10/18/2018	PATRICK PFLIPSEN 1114 STATE STREET #295 SANTA BARBARA, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED FINANCE	3000.00	3000.00	
10/16/2015	JOE LAZAER 101 SOUTH H STREET LOMPOC, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE AL & S, INC	300.00	300.00	
10/16/2015	TIMOTHY ROBERT SMITH 816 W FIR AVE LOMPOC, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	200.00	400.00	
10/17/2018	CHIP ECKERT 160 N FAIRVIEW AVE SUITE 4 GOLETA, CA 93117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE EIPM, INC	500.00	500.00	
10/04/2018	PANKAJ T. PATEL 528 N H ST LOMPOC, CA 93436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE LOMPOC MOTEL	500.00	500.00	
SUBTOTAL \$				4500.00		

*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 B - Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 09/23/2018
through 10/20/2018

**CALIFORNIA 460
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SEE INSTRUCTIONS ON REVERSE
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MOSBY FOR MAYOR 2018

I.D. NUMBER
1410507

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
JAMES MOSBY 33 CAMBRIDGE DRIVE LOMPOC, CA 93436	SELF-EMPLOYED MOSBY ENTERPRISES	\$ <u>1708.15</u>	\$ <u>0</u>	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ <u>1708.15</u> DATE DUE	% RATE	\$ <u>1708.15</u> DATE INCURRED <u>08/06/18</u>	CALENDAR YEAR \$ <u>1708.15</u> PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE	% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ _____ DATE DUE	% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**
SUBTOTALS \$		\$ 1708.15	\$ 0		\$ 1708.15		\$ 0	

Schedule B Summary

- Loans received this period \$ 0
(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 \$** 0
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
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 <u>09/23/2018</u> through <u>10/20/2018</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

MOSBY FOR MAYOR 2018

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) | VOI | 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
KLE CUSTOM IMAGING 105 WEST OCEAN AVE LOMPOC, CA 93436	CMP		CAMPAIGN STICKERS	398.68
INKLINGS 403 NORTH G STREET LOMPOC, CA 93436	CMP		CAMPAIGN POSTCARDS AND MAILING	4083.71
INKLINGS 403 NORTH G STREET LOMPOC, CA 93436	CMP		CAMPAIGN FLYERS	269.38
SUBTOTAL \$				4751.77

* 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.) \$ 9751.77
- Unitemized payments made this period of under \$100 \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 9751.77

