

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2018
through 09/22/2018

Date of election if applicable
(Month, Day, Year)
11/06/2018



Date Stamp
CITY OF LOMPOC
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For Official Use Only

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

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

CITY STATE ZIP CODE AREA CODE/PHONE
LOMPOC CA 93436 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

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 9/27/18 Date
By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on 9/27/18 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

**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)
CITY MAYOR
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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<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		

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.

Statement covers period
from 07/01/2018 through 09/22/2018

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I.D. NUMBER
1410507

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 3 794.00	794.00
2. Loans Received.....	Schedule B, Line 3 1708.15	1708.15
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 2502.15	2502.15
4. Nonmonetary Contributions.....	Schedule C, Line 3 2502.15	2502.15
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	

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

20. Contributions Received	\$ _____	1/1 through 6/30	7/1 to Date
21. Expenditures Made	\$ _____		

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 1708.15	1708.15
7. Loans Made.....	Schedule H, Line 3 1708.15	1708.15
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 1708.15	1708.15
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 1708.15	1708.15
10. Nonmonetary Adjustment.....	Schedule G, Line 3 1708.15	1708.15
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	

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

	Previous Summary Page, Line 16	
12. Beginning Cash Balance.....	0	
13. Cash Receipts.....	Column A, Line 3 above 2502.15	
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 1708.15	
15. Cash Payments.....	Column A, Line 8 above 794.00	
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	

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	794.00
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 07/01/2018
through 09/22/2018

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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 <small>(IF COMMITTEE, ALSO ENTER I.D. 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>
09/18/2018	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	200.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				200.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 200.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 594.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 794.00

*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.

SCHEDULE B - PART 1

CALIFORNIA FORM 460

Statement covers period from 07/01/2018 through 09/22/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MOSBY FOR MAYOR 2018

I.D. NUMBER: 1410507

FILER 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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD (a)	AMOUNT RECEIVED THIS PERIOD (b)	AMOUNT PAID OR FORGIVEN THIS PERIOD* (c)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD (d)	INTEREST PAID THIS PERIOD (e)	ORIGINAL AMOUNT OF LOAN (f)	CALENDAR YEAR CUMULATIVE CONTRIBUTIONS TO DATE (g)
JAMES MOSBY 33 CAMBRIDGE DRIVE LOMPOC, CA 93436	SELF-EMPLOYED MOSBY ENTERPRISES	0	825.00	0	825.00		08/06/18	825.00 PER ELECTION**
JAMES MOSBY 33 CAMBRIDGE DRIVE LOMPOC, CA 93436	SELF-EMPLOYED MOSBY ENTERPRISES	0	48.16	0	48.16		09/17/18	873.16 PER ELECTION**
JAMES MOSBY 33 CAMBRIDGE DRIVE LOMPOC, CA 93436	SELF-EMPLOYED MOSBY ENTERPRISES	0	834.99	0	834.99		09/12/18	1708.15 PER ELECTION**
SUBTOTALS		\$ 0	\$ 1708.15	\$ 0	\$ 1708.15	\$ 0		0

Schedule B Summary

- Loans received this period \$ 1708.15
(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 \$ 1708.15**
(May be a negative number.)

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

Contributor Codes	IND - Individual	COM - Recipient Committee	OTH - Other (e.g., business entity)	PTY - Political Party	SCC - Small Contributor Committee
IND - Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COM - Recipient Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTH - Other (e.g., business entity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PTY - Political Party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCC - Small Contributor Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 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.

**CALIFORNIA
FORM 460**

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

MOSBY FOR MAYOR 2018

Statement covers period from 07/01/2018 through 09/22/2018	Page 6 of 6
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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
CITY OF LOMPOC 100 CIVIC CENTER PLAZA	FIL		FILING FEES	825.00
SUPER CHEAP SIGNS 9200 WATERFORD CENTRE BLVD SUITE 100 AUSTIN, TX 78758	CMP		CAMPAIGN SIGNS	834.99
SUBTOTAL \$				1659.99

* 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.) \$ 1659.99
- Unitemized payments made this period of under \$100..... \$ 48.16
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 1708.15
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1708.15