

# Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp  2016 OCT 25 PM 2:17 JULIE DEWITT OLIVER BY <i>[Signature]</i>	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>5</u>	
For Official Use Only	

<b>Statement covers period</b> from <u>01/01/2016</u>  through <u>09/24/2016</u>	<b>Date of election if applicable:</b> (Month, Day, Year)  <u>11/08/2016</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee  |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled   |
| <input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small>         | <input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small>   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored   |   |
| <input type="checkbox"/> Small Contributor Committee                             |   |
| <input type="checkbox"/> Political Party/Central Committee                       |   |

**2. Type of Statement:**

- |  |  |
|--|--|
| <input type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement     |
| <input type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small>                              |  |
| <input checked="" type="checkbox"/> Amendment (Explain below)<br>Clarification of Summary Page (3 of 5) & date on Loans Received |  |
| <u>Page (4 of 5)</u>   |  |

**3. Committee Information**

I.D. NUMBER  
1389545

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Thomas Hartfield For City Council 2016

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Simi Valley</u>	<u>CA</u>	<u>93065</u>	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Debra Darby

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Simi Valley</u>	<u>CA</u>	<u>93065</u>	

NAME OF ASSISTANT TREASURER, IF ANY  
Thomas Hartfield

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Simi Valley</u>	<u>CA</u>	<u>93065</u>	

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 10/11/2016  
Date

By *[Signature]*  
Signature of Treasurer or Assistant Treasurer

Executed on 10/11/2016  
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**

**i. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE			
Thomas Hartfield			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
City Council of Simi Valley			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	Simi Valley	CA	93065

**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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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

Statement covers period from 01/01/2016 through 09/24/2016	<b>CALIFORNIA FORM 460</b>
	Page 3 of 5

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
1389545

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 0	\$ 0
2. Loans Received..... Schedule B, Line 3	\$ 2,087	\$ 2,087
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 2,087	\$ 2,087
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED.....Add Lines 3 + 4	\$ 2,087	\$ 2,087

## 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	\$ n/a	\$ n/a
21. Expenditures Made	\$ n/a	\$ n/a

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Payments Made..... Schedule E, Line 4	\$ 2,087	\$ 2,087
2. Loans Made..... Schedule H, Line 3	\$ 0	\$ 0
3. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 2,087	\$ 2,087
4. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ 0	\$ 0
5. Nonmonetary Adjustment..... Schedule C, Line 3	\$ 0	\$ 0
6. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 2,087	\$ 2,087

## 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
____/____/____	\$ n/a
____/____/____	\$ n/a

## Current Cash Statement

2. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 0
3. Cash Receipts..... Column A, Line 3 above	\$ 2,087
4. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ 0
5. Cash Payments..... Column A, Line 8 above	\$ 2,087
6. ENDING CASH BALANCE.....Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0

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

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).

## Cash Equivalents and Outstanding Debts

7. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ 0
8. Cash Equivalents..... See instructions on reverse	\$ 0
9. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ 2,087

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

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>01/01/2016</u> through <u>09/24/2016</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Thomas Hartfield For City Council 2016</b>	I.D. NUMBER <b>1389545</b>
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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)	(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
Thomas Hartfield  Simi Valley, CA 93065	Financial Advisor  Hartfield Financial & Insurance Services, Inc	\$ 0	\$ 2,087	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 2,087  n/a DATE DUE	0 % RATE  0	\$ 2,087  9/24/16 DATE INCURRED	CALENDAR YEAR \$ 2,087 PER ELECTION** \$ n/a
† <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** \$ _____
† <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** \$ _____
<b>SUBTOTALS</b>		\$	2,087 \$	0 \$	2,087 \$	0		

**Schedule B Summary**

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

1. Loans received this period ..... \$ 2,087  
(Total Column (b) plus unitemized loans of less than \$100.)

2. 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.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 2,087  
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.

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM <b>460</b>
from	01/01/2016	
through	09/24/2016	Page <u>5</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Thomas Hartfield For City Council 2016

I.D. NUMBER

1389545

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

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>CMP campaign paraphernalia/misc.</li> <li>CNS campaign consultants</li> <li>CTB contribution (explain nonmonetary)*</li> <li>CCV civic donations</li> <li>CFIL candidate filing/ballot fees</li> <li>CND fundraising events</li> <li>CND independent expenditure supporting/opposing others (explain)*</li> <li>CEG legal defense</li> <li>CLT campaign literature and mailings</li> </ul> | <ul style="list-style-type: none"> <li>MBR member communications</li> <li>MTG meetings and appearances</li> <li>OFC office expenses</li> <li>PET petition circulating</li> <li>PHO phone banks</li> <li>POL polling and survey research</li> <li>POS postage, delivery and messenger services</li> <li>PRO professional services (legal, accounting)</li> <li>PRT print ads</li> </ul> | <ul style="list-style-type: none"> <li>RAD radio airtime and production costs</li> <li>RFD returned contributions</li> <li>SAL campaign workers' salaries</li> <li>TEL t.v. or cable airtime and production costs</li> <li>TRC candidate travel, lodging, and meals</li> <li>TRS staff/spouse travel, lodging, and meals</li> <li>TSF transfer between committees of the same candidate/sponsor</li> <li>VOT voter registration</li> <li>WEB information technology costs (internet, e-mail)</li> </ul> |
|---|--|---|

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CampaignLA, Gardena, CA 90248	CMP		\$1,225
Writer Junkie, Simi Valley, CA 93065	LIT		\$700
YMLP, Poperinge, Belgium	WEB		\$162

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

**SUBTOTAL \$ 2,087**

**Schedule E Summary**

a. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 2,087
b. Unitemized payments made this period of under \$100	\$ 0
c. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0
d. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 2,087</b>