

**Recipient Committee
Campaign Statement
Cover Page**

Type or print in ink.

Date Stamp

CALIFORNIA FORM **460**

RECEIVED
CITY OF SIMI VALLEY

Page 1 of 29

2008 OCT -7 AM 8:35

For Official Use Only

OFFICE OF CITY CLERK
BY N. Zimmerman

(Government Code Sections 84200-84216.5)

Statement covers period
from 6/30/08
through 9/30/08

Date of election if applicable:
(Month, Day, Year)
11/04/08

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
- Supplemental Preelection Statement - Attach Form 495

Correcting P.O. Box addresses
Correcting Names of donors

RECEIVED
CITY OF SIMI VALLEY
OCT 13 PM 4:12
OFFICE OF CITY CLERK
BY N. Zimmerman

3. Committee Information

I.D. NUMBER
1223115

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

Friends of Steve Sojka

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

Sid Reeves

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Steve Sojka

MAILING 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 10/6/08 10/13/08
Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

Executed on 10/6/08 10/13/08
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**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Steve Sojka

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Councilman (Simi Valley)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>6/30/08</u> through <u>9/30/08</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>29</u> |
| | I.D. NUMBER <u>1223115</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Steve Sojka

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ <u>25,058</u> | \$ <u>25,058</u> |
| 2. Loans Received Schedule B, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>25,058</u> | \$ <u>25,058</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | \$ <u>2,885</u> | \$ <u>2,885</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>27,943</u> | \$ <u>27,943</u> |

**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

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ <u>12,272.17</u> | \$ <u>14,944.65</u> |
| 7. Loans Made Schedule H, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>12,272.17</u> | \$ <u>14,944.65</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | \$ <u>2,885</u> | \$ <u>2,885</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>15,157.17</u> | \$ <u>17,829.65</u> |

**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 | \$ <u>7,372.67</u> |
| 13. Cash Receipts Column A, Line 3 above | \$ <u>25,058.00</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | \$ <u>0</u> |
| 15. Cash Payments Column A, Line 8 above | \$ <u>12,272.17</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>20,158.50</u> |

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).

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

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 | \$ _____ |

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE

Statement covers period
from 6/30/08
through 9/30/08

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Steve Sojka

I.D. NUMBER
1223115

| 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) |
|----------------|---|---|---|-----------------------------|--|---------------------------------------|
| <u>8/20/08</u> | <u>American Vision Windows</u> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <u>\$ 100</u> | | |
| <u>8/21/08</u> | <u>Anderson Rubbish Disposal</u> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <u>\$ 250</u> | | |
| <u>8/29/08</u> | <u>Debbie Thomas</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>Housewife</u> | <u>\$ 100</u> | | |
| | | <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 \$ 450

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 23,425
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1,633
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 25,058

*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**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CON

| | |
|--|--------------------------------|
| Statement covers period from <u>6/30/08</u> through <u>9/30/08</u> | CALIFORNIA FORM 460 |
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| | |
|--|-------------------------------|
| NAME OF FILER Friends of Steve Sojka | I.D. NUMBER 1223115 |
|--|-------------------------------|

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/23/08 | Paul Miller | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Mayor City of Simi Valley | \$ 250 | | |
| 8/20/08 | David Ralph | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Manager S.U. Cultural Arts Center | \$ 100 | | |
| 8/22/08 | Brian Iverson | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-employed Iverson Construction | \$ 100 | | |
| 8/20/08 | Ken Kolz | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$ 100 | | |
| 8/21/08 | Scott Taylor | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Woodlake Law Corporation | \$ 1,000 | | |
| SUBTOTAL \$ | | | | 1,550 | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CON

| | |
|--|--|
| Statement covers period from <u>6/30/08</u> through <u>9/30/08</u> | CALIFORNIA FORM 460 Page <u>5</u> of <u>29</u> |
|--|--|

NAME OF FILER Friends of Steve Sojka

I.D. NUMBER
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|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/24/08 | Gregg Burt | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | C.P.A. Jacobs * Jacobs | \$ 100 | | |
| 8/26/08 | Ronald Mark Fuote | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Architect Arkineto Architects | \$ 200 | | |
| 8/23/08 | Kurt Fredrickson | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Professor Fuller Theological Seminary | \$ 100 | | |
| 8/20/08 | Yasi Simi Food Inc | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 100 | | |
| 8/26/08 | Jersey Mikes Sandwiches | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 100 | | |

SUBTOTAL \$ 600

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CON

Statement covers period
from 6/30/08
through 9/30/08

CALIFORNIA
FORM **460**
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I.D. NUMBER
1223115

NAME OF FILER

Friends of Steve Sojka

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/29/08 | Albert Senella | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | C.O.O. Tarzana Treatment Centers | \$ 1,000 | | |
| 8/25/08 | Fred Madjar | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self employed Urban Planner Fred Madjar | \$ 100 | | |
| 8/27/08 | Bob Huber | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Law offices of Huber & Tagasuki | \$ 100 | | |
| 8/25/08 | Isaac Moradi | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Investor I.C.O. Investor Group | \$ 1,000 | | |
| 8/24/08 | Paul Reider | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Director of Marketing Amgen | \$ 250 | | |

SUBTOTAL \$ 2,450

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CON

| | |
|--|-------------------------------|
| Statement covers period from <u>6/30/08</u> through <u>9/30/08</u> | CALIFORNIA FORM 460 |
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NAME OF FILER Friends of Steve Sojka I.D. NUMBER 1223115

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 8/30/08 | Liana McCoy | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-employed 4 vacations | \$ 100 | | |
| 8/24/08 | Peter Foy | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ventura County Supervisor | \$ 200 | | |
| 8/30/08 | Bill Martin | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$ 150 | | |
| 9/2/08 | Dave DiTomaso | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Subway Sandwiches | \$ 100 | | |
| 8/25/08 | Leigh Nixon | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | C.E.O. S.V. chamber of Commerce | \$ 100 | | |

SUBTOTAL \$ 650

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CON

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| Statement covers period from <u>6/30/08</u> through <u>9/30/08</u> | CALIFORNIA FORM 460 |
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| | |
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| NAME OF FILER <u>Friends of Steve Sojka</u> | I.D. NUMBER <u>1223115</u> |
|--|-------------------------------|

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|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/2/08 | Swink Enterprises Inc. | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 200 | | |
| 9/2/08 | Julie Knight | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Housewife | \$ 100 | | |
| 9/3/08 | Tiara Claxton | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$ 400 | | |
| 9/2/08 | Michael Kniseley | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Network Engineer Employers Inc. | \$ 100 | | |
| 9/3/08 | Steve Manios | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$ 500 | | |

SUBTOTAL \$ 1,300

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CON

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|--|--------------------------------|
| Statement covers period from <u>6/30/08</u> through <u>9/30/08</u> | CALIFORNIA FORM 460 |
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NAME OF FILER: Friends of Steve Sojka

I.D. NUMBER: 1223115

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/3/08 | Mike Mc Guigan | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Insurance Agent Ins. West Ins. | \$ 150 | | |
| 9/4/08 | Robin Kanteman | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-employed Cal Coast Concrete | \$ 150 | | |
| 9/4/08 | Eric Rose | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | P.R. Consultant The Rose Group | \$ 300 | | |
| 9/4/08 | Barbara Frova | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-employed The Maids | \$ 100 | | |
| 9/3/08 | L.C.B * Associates | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 500 | | |

SUBTOTAL \$ 1,200

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CON

Statement covers period
from 6/30/08
through 9/30/08

CALIFORNIA
FORM **460**

Page 10 of 29

NAME OF FILER Friends of Steve Sojka I.D. NUMBER 1223115

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/6/08 | Peggy Sadler | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$ 150 | | |
| 9/8/08 | Sharon Romano | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$ 200 | | |
| 8/29/04 | City Auto Body | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 100 | | |
| 9/4/08 | Tapo Pharmacy | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 100 | | |
| 9/3/08 | William Morris Jr. | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$ 150 | | |

SUBTOTAL \$ 700

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CON

Statement covers period
 from 6/30/08
 through 9/30/08

CALIFORNIA
 FORM **460**

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NAME OF FILER
Friends of Steve Sojka

I.D. NUMBER
1223115

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/9/08 | C.A.M. Complete Automated Mfg. | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 150 | | |
| 9/4/08 | Hovell + Pilarski Engineering | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 100 | | |
| 9/4/08 | Doug Wimberly | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales PCC Network Solutions | \$ 150 | | |
| 9/8/08 | Dr. Somani Dentistry | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 200 | | |
| 9/8/08 | Tim Shannon Agency | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Insurance Agency | \$ 100 | | |

SUBTOTAL \$ 700

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CON

| | |
|--|--------------------------------|
| Statement covers period from <u>6/30/08</u> through <u>9/30/08</u> | CALIFORNIA FORM 460 |
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| | |
|--|-------------------------------|
| NAME OF FILER <u>Friends of Steve Sojka</u> | I.D. NUMBER <u>1223115</u> |
|--|-------------------------------|

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/9/08 | Larry Egan | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$ 100 | | |
| 9/9/08 | Dave Goodwin | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Home Warranty Consulting Self-employed | \$ 150 | | |
| 9/8/08 | Gold n Heart Jewelry | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 150 | | |
| 9/9/08 | Whitney's Auto + RV Care | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 200 | | |
| 9/8/08 | Richard Simpson | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$ 150 | | |

SUBTOTAL \$ 750

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CON

Statement covers period
from 6/30/08
through 9/30/08

CALIFORNIA
FORM **460**

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NAME OF FILER Friends of Steve Sojka I.D. NUMBER 1223115

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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/8/08 | Sukhi Sandhu | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner 7-11 store | \$ 100 | | |
| 9/9/08 | John Lindsey | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Financial Advisor Edward Jones | \$ 150 | | |
| 9/9/08 | Servurite Services Inc | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 200 | | |
| 9/9/08 | Simi Valley Corporate Point LLC | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 100 | | |
| 9/8/08 | Mary Bibb | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Campaign Mgr. Gallegly for Congress | \$ 400 | | |
| SUBTOTAL \$ | | | | 950 | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CON

Statement covers period
from 6/30/08
through 9/30/08

CALIFORNIA
FORM **460**

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NAME OF FILER

Friends of Steve Sojka

I.D. NUMBER
1223115

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/11/08 | Harry Van Dyck | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self-Employed Century Accounting *Tax Solutions | \$ 150 | | |
| 9/11/08 | Paul Szymanski | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CFO Countrywide | \$ 150 | | |
| 9/12/08 | Rich Bilchik | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Stan Bilchik Carpet Co. | \$ 200 | | |
| 9/8/08 | Lowell Novy D.V.M. | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 100 | | |
| 9/10/08 | Marie Bennett | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Financial Advisor Girard Securities Inc. | \$ 150 | | |

SUBTOTAL \$ 750

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CON

Statement covers period
from 6/30/08
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CALIFORNIA FORM **460**

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NAME OF FILER

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|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/11/08 | Brian Payne | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Principle EDM Services | \$ 100 | | |
| 9/11/08 | CA. Wood Recycling | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 300 | | |
| 9/10/08 | Lori Zafiropoulos | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$ 100 | | |
| 9/11/08 | Matthew Gee + Associates | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 250 | | |
| 9/11/08 | McPherson Insurance Agency | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 250 | | |

SUBTOTAL \$ 1,000

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Monetary Contributions Received**

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SCHEDULE A (CON

Statement covers period
from 6/30/08
through 9/30/08

CALIFORNIA FORM **460**

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NAME OF FILER

Friends of Steve Sojka

I.D. NUMBER

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|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/13/08 | Alan Barkwill | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Project Director Added Value | \$ 175 | | |
| 9/12/08 | Denise Houghton | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Denise Houghton Attorney at Law | \$ 250 | | |
| 9/14/08 | Jayson Wimmer | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Claims Adjuster State Farm Ins. | \$ 150 | | |
| 9/15/08 | Lisa Tajko | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | School Assist. S.V.U.S.D | \$ 100 | | |
| 9/12/08 | Larry Fried | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Property Manager Jard Co, Inc | \$ 150 | | |

SUBTOTAL \$ 825

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CON

Statement covers period
from 6/30/08
through 9/30/08

CALIFORNIA
FORM **460**

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NAME OF FILER Friends of Steve Sojka I.D. NUMBER 1223115

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|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/15/08 | Thomas Odegard | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Banker CA Oaks State Bank | \$ 100 | | |
| 9/14/08 | Gonzalez + Robinson Corp. | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 1,000 | | |
| 9/16/08 | CA Industrial Group Corp. | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 1,000 | | |
| 9/14/08 | Kathi Senella | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Housewife | \$ 1,000 | | |
| 9/13/08 | Stephen Mace | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Insurance Agent Farmers Ins. | \$ 100 | | |

SUBTOTAL \$ 3,200

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CON

| | |
|--|--------------------------------|
| Statement covers period from <u>6/30/08</u> through <u>9/30/08</u> | CALIFORNIA FORM 460 |
| | Page <u>18</u> of <u>29</u> |

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| NAME OF FILER <u>Friends of Steve Sojka</u> | I.D. NUMBER <u>1223115</u> |
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|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/14/08 | Ontrak Designs Inc. | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 200 | | |
| 9/15/08 | Judy Pepiot | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$ 150 | | |
| 9/16/08 | Christine LaFontaine | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Salon LaFontaine | \$ 100 | | |
| 9/13/08 | Dean Jaegar | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sales Director St. Jude Medical | \$ 200 | | |
| 9/15/08 | Ted Grandsen | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$ 200 | | |

SUBTOTAL \$ 850

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CON

| | |
|--|--------------------------------|
| Statement covers period from <u>6/30/08</u> through <u>9/30/08</u> | CALIFORNIA FORM 460 |
| | Page <u>19</u> of <u>29</u> |

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|--|-------------------------------|
| NAME OF FILER <u>Friends of Steve Sojka</u> | I.D. NUMBER <u>1223115</u> |
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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/18/08 | Sam Barakat | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Insurance Agent Barakat & Associates | \$ 100 | | |
| 9/15/08 | Simi Valley Recycling Ctr. | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 500 | | |
| 9/15/08 | Sid Reeves | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Accountant Innovative Financial | \$ 100 | | |
| 9/9/08 | Robert Harris | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Broker Keller Williams | \$ 500 | | |
| 9/12/08 | Greg Riegert | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Police Officer City of Simi Valley | \$ 100 | | |
| SUBTOTAL \$ | | | | <u>1,300</u> | | |

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CON

Statement covers period
from 6/30/08
through 9/30/08

CALIFORNIA FORM **460**
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NAME OF FILER Friends of Steve Sojka

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| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/15/08 | Samantha Carrington | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Professor State of CA. | \$ 100 | | |
| 9/17/08 | Scott Blough | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Bank officer National Bank of California | \$ 400 | | |
| 9/15/08 | Gary Seaton | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Broker Capitol Commercial Real Estate | \$ 150 | | |
| 9/18/08 | Randall Sundeen | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Law offices of Randall Sundeen | \$ 100 | | |
| 9/18/08 | Hakam Barakat | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self employed First St market | \$ 100 | | |

SUBTOTAL \$ 850

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CON

Statement covers period
from 6/30/08
through 9/30/08

CALIFORNIA FORM **460**

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NAME OF FILER Friends of Steve Sojka I.D. NUMBER 1223115

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|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 9/14/08 | Bryan Fleming | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Broker ReMax | \$ 100 | | |
| 9/10/08 | P.W. Gillibrand Co Inc. | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 1,000 | | |
| 9/15/08 | Rody Gonzalez | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | owner S.V. Batting Cages | \$ 150 | | |
| 9/15/08 | Pool King Billiards | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 150 | | |
| 9/17/08 | R.M. Designs | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 150 | | |

SUBTOTAL \$ 1,550

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CON

| | |
|--|---|
| Statement covers period from <u>6/30/08</u> through <u>9/30/08</u> | CALIFORNIA FORM 460 Page <u>22</u> of <u>29</u> |
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| NAME OF FILER <u>Friends of Steve Sejka</u> | I.D. NUMBER <u>1223115</u> |
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|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/25/08 | Becerra For City Council ^{ID #} 981780 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 100 | | |
| 9/23/08 | Tim Tucker | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate LT Development LLC | \$ 500 | | |
| 9/17/08 | Ventura County Lincoln Club | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 500 | | |
| 9/17/08 | The Hill Partnership | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 500 | | |
| 9/15/08 | Jan Franklin | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Vice President Farmers Insurance | \$ 200 | | |
| SUBTOTAL \$ | | | | <u>1,800</u> | | |

*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 C
Nonmonetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 6/30/08
through 9/30/08

CALIFORNIA FORM 460
Page 23 of 29

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of Steve Sojka

I.D. NUMBER
1223115

| 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) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------------|--|---|--|---------------------------------------|---------------------------|---|------------------------------------|
| <u>8/30/08</u> | <u>Steve Sojka</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>Self-employed</u> | <u>Campaign Flyer in Money Mailer</u> | <u>\$ 1,400</u> | > | |
| <u>9/30/08</u> | <u>Steve Sojka</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>Self-employed</u> | <u>Campaign Flyer in Money Mailer</u> | <u>\$ 1,400</u> | | <u>\$ 2,800</u> |
| | | <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 | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2,800

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ 2,800
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 85
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$ 2,885**

*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 E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|----------------|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | <u>6/30/08</u> | |
| through | <u>9/30/08</u> | Page <u>24</u> of <u>29</u> |

SEE INSTRUCTIONS ON REVERSE

| | |
|--|-------------------------------|
| NAME OF FILER <u>Friends of Steve Sojka</u> | I.D. NUMBER <u>1223115</u> |
|--|-------------------------------|

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/spons |
| 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 |
|---|------------|--|-----------------|
| <u>City of Simi Valley</u> | <u>FIL</u> | <u>Ballot Candidate Statement</u> | <u>\$ 1,040</u> |
| <u>Simi Valley Police Foundation</u> | <u>CVC</u> | <u>GOLF 4 Some</u> | <u>\$ 640</u> |
| <u>U.S. Postmaster</u> | <u>POS</u> | <u>Postage for invitations to Fundraiser</u> | <u>\$ 252</u> |

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

SUBTOTAL \$ 1,932

Schedule E Summary

- | | |
|--|----------------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ <u>11,250.07</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>1,022.10</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ _____ |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>12,272.17</u> |

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|----------------|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | <u>6/30/08</u> | |
| through | <u>9/30/08</u> | Page <u>25</u> of <u>29</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Friends of Steve Sojka

I.D. NUMBER
1223115

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/spons |
| 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 |
|---|------------|---|-----------------------------|
| <u>Simi Valley Community Foundation</u> <u>Simi valley, CA 93065</u> | <u>CVC</u> | <u>Mayors Dinner</u> | <u>\$ 250</u> |
| <u>Lowe's</u> | <u>CMP</u> | <u>Wood & Posts for Campaign Signs</u> | <u>\$ 455.³¹</u> |
| <u>Simi Police Foundation</u> <u>Jessica McCormick</u> | <u>CMP</u> | <u>Campaign Tee Sign</u> | <u>\$ 125</u> |
| <u>The Vineyards</u> | <u>FND</u> | <u>Room & Food charge for Fundraiser.</u> | <u>\$ 1,800</u> |
| <u>Philip J. Schmit - Election Division</u> | <u>VOT</u> | <u>Absentee Voter Info</u> | <u>\$ 391</u> |

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

SUBTOTAL \$ 3,021.31

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 6/30/08
through 9/30/08

SCHEDULE E (CON)
CALIFORNIA FORM 460
Page 26 of 29

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Steve Sojka

I.D. NUMBER

1223115

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/spons |
| 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 |
|---|------------|---|-------------------------------|
| <u>Printmasters</u> | <u>CMP</u> | <u>Campaign Stationary Letterhead + envelopes</u> | <u>\$ 795.²¹</u> |
| <u>U.S. Postmaster</u> | <u>Pos</u> | <u>Postage for Fundraiser</u> | <u>\$ 252.⁰⁰</u> |
| <u>Printmasters</u> | <u>CMP</u> | <u>Campaign Yard Signs</u> | <u>\$ 1,898.⁶⁵</u> |
| <u>Apple Store</u> | <u>OFC</u> | <u>Software for Database</u> | <u>\$ 321.⁷⁰</u> |
| <u>Simi Valley Education Foundation Kevin Underwood</u> | <u>CVC</u> | <u>Campaign Tee Sign</u> | <u>\$ 150</u> |

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

SUBTOTAL \$ 3,417.56

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | |
|--|-----------------------------|
| Statement covers period from <u>6/30/08</u> through <u>9/30/08</u> | CALIFORNIA FORM 460 |
| | Page <u>27</u> of <u>29</u> |

SCHEDULE E (CON)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Friends of Steve Sojka I.D. NUMBER 1223115

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/spons |
| 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 |
|---|---------|------------------------------------|-------------|
| Printmasters | CMP | Wire Hangers for Campaign Signs | \$ 134.06 |
| Ken Haughawout | FND | Wine for Fundraiser | \$ 200 |
| U.S. Postmaster Mt. McCoy Station Post office | POS | Postage 2nd Fundraiser | \$ 294 |
| Costco | FND | Picture Invites for 2nd Fundraiser | \$ 233.27 |
| Printmasters | FND | Reply cards for Fundraiser | \$ 240.90 |

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

SUBTOTAL \$ 1,102.23

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 6/30/08
through 9/30/08

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Steve Sojka

I.D. NUMBER

1223115

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/spons |
| 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 |
|---|------------|---|------------------|
| <u>Tony Maddox Photography</u> | <u>CMP</u> | <u>Photo for campaign brochure</u> | <u>\$ 187.69</u> |
| <u>Printmasters</u> | <u>FND</u> | <u>Invitations for Fundraiser</u> | <u>\$ 654.28</u> |
| <u>Eggs N Things</u> | <u>CMP</u> | <u>Executive Committee Meeting</u> | <u>\$ 135</u> |
| <u>Royal Football Boosters Patti Ringo</u> | <u>CMP</u> | <u>Campaign Banner for Football Games</u> | <u>\$ 500</u> |
| <u>Simi Valley High School Boosters Daniel Sternberg</u> | <u>CMP</u> | <u>Campaign Banner for Football Games</u> | <u>\$ 300</u> |

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

SUBTOTAL \$ 1,776.97