Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Statement covers period
from 1/1/15
through 6/30/15

Date of election if applicable:
(Month, Day, Year)
11/4/14

1. Type of Recipient Committee:
☐ Officeholder, Candidate Controlled Committee
☐ Primarily Formed Ballot Measure Committee
☐ Recall
(Also Complete Part 5)
☐ State Candidate Election Committee
☐ Controlled
(Also Complete Part 6)
☐ Sponsored
☐ Primarily Formed Candidate/Officerholder Committee
(Also Complete Part 7)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Primarily Formed Candidate
☐ Political Party/Central Committee

2. Type of Statement:
☐ Pre-election Statement
☐ Preelection Statement
☐ Special Odd-Year Report
☐ Semi-annual Statement
☐ Quarterly Statement
☐ Recall
☐ Termination Statement
☐ (Also file a Form 410 Termination)
☐ Supplemental Preelection Statement - Attach Form 495
☐ Amendment (Explain below)

Treasurer(s)
NAME OF TREASURER
Sarit Judge
MAILING ADDRESS

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Mike Judge For City Council 2014

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

3. Committee Information
I.D. NUMBER 1327401

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 7/21/15
Date

Executed on 7/21/15
Date

Executed on
Date

Executed on
Date

Executed on
Date

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
5. Officeholder or Candidate Controlled Committee

| NAME OF OFFICEHOLDER OR CANDIDATE | Mike Judge |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) | City Council (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? |
| STREET ADDRESS (NO P.O. BOX) | |
| CITY | |
| STATE | |
| ZIP CODE | |

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 PROPOSER | |
| 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 |
| SUPPORT | OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

Attach continuation sheets if necessary
**Contributions Received**

1. Monetary Contributions ........................................ Schedule A, Line 3 $0 $0
2. Loans Received ................................................. Schedule B, Line 3 $0 $0
3. SUBTOTAL CASH CONTRIBUTIONS ............................... Add Lines 1 + 2 $0 $0
4. Nonmonetary Contributions .................................... Schedule C, Line 3 $0 $0
5. TOTAL CONTRIBUTIONS RECEIVED ......................... Add Lines 3 + 4 $0 $0

**Expenditures Made**

6. Payments Made ............................................... Schedule E, Line 4 $1535.02 $1535.02
7. Loans Made ..................................................... Schedule H, Line 3 $0 $0
8. SUBTOTAL CASH PAYMENTS ................................. Add Lines 6 + 7 $1535.02 $1535.02
9. Accrued Expenses (Unpaid Bills) ......................... Schedule F, Line 3 $0 $0
10. Nonmonetary Adjustment ..................................... Schedule C, Line 3 $0 $0
11. TOTAL EXPENDITURES MADE ............................... Add Lines 8 + 9 + 10 $1535.02 $1535.02

**Current Cash Statement**

12. Beginning Cash Balance ................................. Previous Summary Page, Line 16 $5277.86
13. Cash Receipts .................................................. Column A, Line 3 above $0.00
14. Miscellaneous Increases to Cash ......................... Schedule I, Line 4
15. Cash Payments .................................................. Column A, Line 8 above $1535.02
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $3742.84

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ............................................ See instructions on reverse $0
19. Outstanding Debts ............................................. Add Line 2 + Line 9 in Column B above $0

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Contributions Received</th>
<th>Expenditures Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1 through 6/30</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>7/1 to Date</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

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

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).
**Schedule E**

**Payments Made**

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

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 1/1/15</td>
<td></td>
</tr>
<tr>
<td>through 6/30/15</td>
<td>Page 4 of 5</td>
</tr>
</tbody>
</table>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mike Judge For City Council 2014

I.D. NUMBER
1327401

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

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simi Valley Police Foundation</td>
<td>TRS</td>
<td>265.00</td>
</tr>
<tr>
<td>1445 E Los Angeles Ave Ste 301 H Simi Valley, CA 93065</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotary Club of Simi Valley</td>
<td>TRS</td>
<td>175.00</td>
</tr>
<tr>
<td>3050 Los Angeles Ave Simi Valley, Ca 93065</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simi High Girls Lacrosse Booster</td>
<td>Banner &amp; Media Guide AD</td>
<td>200.00</td>
</tr>
<tr>
<td>5400 Cochran St. Simi Valley Ca 93063</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ 840.00
2. Unitemized payments made this period of under $100 ................................................................. $ 695.02
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 $ 1535.02

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<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys &amp; Girls Club</td>
<td>TRS</td>
<td></td>
<td>200.00</td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 200.00