Recipient Committee
Campaign Statement
Cover Page

Statement covers period
From 9/23/2018 through 10/20/2018

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Check the appropriate box:
     - 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 5)
     - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:
   - Check the appropriate box:
     - Pre-election Statement
     - Semi-annual Statement
     - Termination Statement (Also file a Form 410 Termination)
     - Amendment (Explain below)

3. Committee Information
   - Committee Name (or Candidate's Name if no Committee):
     - Committee to Elect Robbie Hidalgo for City Council 2018
   - ID Number:
     - Pending
   - Street Address (No P.O. Box):
     - Simi Valley
   - City:
     - Simi Valley
   - State:
     - CA
   - ZIP Code:
     - 93065
   - Mailing Address (If different) No. and Street or P.O. Box:
     - Simi Valley
     - CA 93062-0300
   - Official Fax / E-mail Address:
     - Optional

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 10/25/2018
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   By: ________________________________
   Date: ________________________________

   Executed on 10/25/2018
   Signature of Controlling Officeholder, Candidate, State Measure Proponent
   By: ________________________________
   Date: ________________________________

   Executed on ________________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent
   By: ________________________________
   Date: ________________________________

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@pppc.ca.gov (866/275-3772)
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Robbie Hidalgo
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Simi Valley City Council
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?

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

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

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COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

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?

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?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary
**Contributions Received**

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$0.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$250.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$250.00</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$0.00</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$0.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$0.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
<td>$0.00</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>$0.00</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>$0.00</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 8 above</td>
<td>$0.00</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>See instructions on reverse</td>
<td>$0.00</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Contributions Received</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>21. Expenditures Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made*</td>
<td>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).</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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).

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Californiain 460 FORM 9/23/2018 from ___ ___ __________ through ___ ___ ___ Page __ of ___
# Schedule C
## Nonmonetary Contributions Received

### Committee to Elect Robbie Hidalgo for City Council 2018

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/2/2018</td>
<td>Robbie Hidalgo, Simi Valley, CA 93065</td>
<td></td>
<td>CEO, Creative Production Group</td>
<td>Video production editing</td>
<td>250.00</td>
<td>750.00</td>
<td>750.00</td>
</tr>
</tbody>
</table>

*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 Summary**

1. Amount received this period – itemized nonmonetary contributions.
   (Include all Schedule C subtotals.)
   
   $250.00

2. Amount received this period – unitemized nonmonetary contributions of less than $100
   
   $0.00

3. 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 $250.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $250.00