Recipient Committee
Campaign Statement
Cover Page

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 6)
☐ 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 6)

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

3. Committee Information

I.D. NUMBER
1403384

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Keith Mashburn for Mayor 2020

STREET ADDRESS (NO P.O. BOX)

CITY
Simi Valley

STATE
Ca

ZIP CODE
93065

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

CITY
Simi Valley

STATE
Ca

ZIP CODE
93063

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 8/18/2020
By ____________________________
Signature of Controlling Officerholder, Candidate, State Measure Proprietor or Responsible Officer of Sponsor

Executed on 8/18/2020
By ____________________________
Signature of Controlling Officerholder, Candidate, State Measure Proprietor

Executed on __________________
By ____________________________
Signature of Controlling Officerholder, Candidate, State Measure Proprietor

Executed on __________________
By ____________________________
Signature of Controlling Officerholder, Candidate, State Measure Proprietor

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

**NAME OF OFFICEHOLDER OR CANDIDATE**

Keith Mashburn

**OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**

Simi Valley Mayor

**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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLED COMMITTEE?</td>
<td></td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td>CITY STATE ZIP CODE</td>
<td>AREA CODE/PHONE</td>
</tr>
</tbody>
</table>

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## 6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**

**BALLOT NO. OR LETTER**

**JURISDICTION**

<table>
<thead>
<tr>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

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**

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## 7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
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<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>SUPPORT</td>
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<th>OFFICE SOUGHT OR HELD</th>
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<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

**Attach continuation sheets if necessary**
### Contributions Received

1. Monetary Contributions ........................................ Schedule A, Line 3 $100.  
2. Loans Received .................................................. Schedule B, Line 3 0.  
3. SUBTOTAL CASH CONTRIBUTIONS .......................... Add Lines 1 + 2 $100.  
4. Nonmonetary Contributions .................................. Schedule C, Line 3 0.  
5. TOTAL CONTRIBUTIONS RECEIVED .......................... Add Lines 3 + 4 $100.  

### Expenditures Made

6. Payments Made .................................................. Schedule E, Line 4 $100.  
7. Loans Made .......................................................... Schedule H, Line 3 0.  
8. SUBTOTAL CASH PAYMENTS ................................. Add Lines 6 + 7 $100.  
9. Accrued Expenses (Unpaid Bills) ............................ Schedule F, Line 3 0.  
10. Nonmonetary Adjustment ...................................... Schedule C, Line 3 0.  
11. TOTAL EXPENDITURES MADE ................................. Add Lines 8 + 9 + 10 0.  

### Current Cash Statement

12. Beginning Cash Balance ........................................ Previous Summary Page, Line 16 $21,333.34  
14. Miscellaneous Increases to Cash ............................. Schedule I, Line 4 0.  
15. Cash Payments .................................................... Column A, Line 8 above $100.  
16. ENDING CASH BALANCE ....................................... Add Lines 12 + 13 + 14, then subtract Line 15 $21,333.34  

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

### Cash Equivalents and Outstanding Debts

16. Cash Equivalents ................................................ See instructions on reverse 0.  
17. Outstanding Debts ............................................... Add Line 2 + Line 9 in Column B above 0.  

### 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  

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

**Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Keith Mashburn for Mayor 2020

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>OCCUPATION AND EMPLOYER</th>
<th>AMOUNT RECEIVED THIS PERIOD</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>3/12/2020</td>
<td>Tom Seymour</td>
<td>☑ IND</td>
<td>Self-Employed,</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Performance Marketing,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>LLC</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ............................................. $ 100.00
2. Amount received this period – unitemized monetary contributions of less than $100 ........................................ $ 0.
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................... TOTAL $ 100.00

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www.fppc.ca.gov
## Schedule E Payments Made

### CODES:

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

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

### NAME AND ADDRESS OF PAYEE

<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>FPPC ( \uparrow \text{Sacramento, Ca 95811} )</td>
<td>FIL</td>
<td>Late Filing of Statement of Economic Interests</td>
<td>100.</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.) .......................................................... $ 100.
2. Unitemized payments made this period of under $100 .......................................................... $ 0.
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .......................................................... $ 0.
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ................. TOTAL $ 100.