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

SEE INSTRUCTIONS ON REVERSE

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 1-1-12</td>
<td>(Month, Day, Year)</td>
</tr>
<tr>
<td>through 6-30-12</td>
<td>Nov. 2, 2010</td>
</tr>
</tbody>
</table>

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
   - [x] Primarily Formed Ballot Measure Committee
   - [ ] Controlled
     (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - [ ] Preelection Statement
   - [x] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   I.D. NUMBER: 132,7401
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
   Simi Valley Citizens for Ethical Government
   Mike Judge for City Council 2010
   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

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 7/30/12
   Date
   By ________________________________
   Signature of Treasurer or Assistant Treasurer

   Executed on 7/30/12
   By ________________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

   Executed on _____________________
   By ________________________________
   Signature of Controlling Officeholder, Candidate, State Measure Proponent
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>Name of Officeholder or Candidate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Judge for City Council 2016</td>
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Office sought or held (include location and district number if applicable)

- City Council (Simi Valley)

Residential/business address (no. and street) city state zip

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<th>City</th>
<th>State</th>
<th>Zip</th>
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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>
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6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>Name of Ballot Measure</th>
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Ballot no. or letter jurisdiction support oppose

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
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<tr>
<th>Name of Officeholder, Candidate, or Proponent</th>
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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.

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Attach continuation sheets if necessary.
### Contributions Received

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

### Expenditures Made

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

### Current Cash Statement

12. Beginning Cash Balance ............................... Previous Summary Page, Line 16 $ 43,832
13. Cash Receipts .................................................. Column A, Line 3 above $ ..........................................
14. Miscellaneous Increases to Cash ....................... Schedule I, Line 4 $ ..........................................
15. Cash Payments .................................................. Column A, Line 8 above $ ..........................................
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 43,832
   If this is a termination statement, Line 16 must be zero.

### 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 $ ..........................................

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

### Cash Equivalents and Outstanding Debts

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

### Summary

Amounts may be rounded to whole dollars.

Statement covers period from 1-1-12 through 6-30-12

Expenditure Limit Summary for State Candidates

Date of Election (mm/dd/yy) $ ..........................................
Total to Date $ ..........................................

*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).

FPPC Form 460 (January/08)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)