Type or print in ink.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 07/01/2013 through 12/31/2013</td>
<td>(Month, Day, Year) 2012</td>
</tr>
</tbody>
</table>

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officelholder, Candidate
   - [ ] Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recall
     (Also Complete Part 5)
   - [ ] General Purpose Committee
     - [ ] Primarily Formed Ballot Measure Committee
     - [ ] Sponsored
       (Also Complete Part 6)
   - [ ] Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

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

3. Committee Information
   - I.D. NUMBER: 1328118
   - COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE): Keith Mashburn for City Council
   - STREET ADDRESS (NO P.O. BOX):
   - CITY
   - STATE
   - ZIP CODE
   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:
   - CITY
   - STATE
   - ZIP CODE
   - MAILING ADDRESS:
   - CITY
   - STATE
   - ZIP CODE
   - 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 1- 1- 2013
   Date
   By
   Signature of Treasurer or Assistant Treasurer

   Executed on 1- 1- 2014
   Date
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Office 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

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
Keith Mashburn

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council, City of 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.

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

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>
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<table>
<thead>
<tr>
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<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
</table>

Attach continuation sheets if necessary
Name of Filer: Keith Mashburn for City Council 2012

**Contributions Received**

1. Monetary Contributions Schedule A, Line 3 $0.00
2. Loans Received Schedule B, Line 3 (700.00)
3. Subtotal Cash Contributions Add Lines 1 + 2 (700.00)
4. Nonmonetary Contributions Schedule C, Line 3 0.00
5. Total Contributions Received Add Lines 3 + 4 (700.00)

**Expenditures Made**

7. Loans Made Schedule H, Line 3 0.00
8. Subtotal Cash Payments Add Lines 6 + 7 109.04
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 0.00
10. Nonmonetary Adjustment Schedule C, Line 3 0.00
11. Total Expenditures Made Add Lines 8 + 9 + 10 109.04

**Current Cash Statement**

12. Beginning Cash Balance Previous Summary Page, Line 16 $109.04
13. Cash Receipts Column A, Line 3 above 0.00
14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00
15. Cash Payments Column A, Line 8 above 109.04
16. Ending Cash Balance Add Lines 12 + 13 + 14, then subtract Line 15 0.00

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

17. Loan Guarantees Received Schedule B, Part 2 0.00

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents See instructions on reverse 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above 0.00

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

1. Contributions Received 1/1 through 6/30 $0.00 $0.00
2. Expenditures Made 7/1 to Date $0.00 $0.00

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(mm/dd/yy)</td>
<td>$ N/A</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 B – Part 1
Loans Received

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

Statement covers period from 07/01/2013 through 12/31/2013

NAME OF FILER
Keith Mashburn for City Council 2012

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER
Keith Mashburn

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER
Retired

(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD
$ 700.00

(b) AMOUNT RECEIVED THIS PERIOD
$ 0.00

(c) AMOUNT PAID OR FORGIVEN THIS PERIOD
$ 700.00

(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
$ 0.00

(e) INTEREST PAID THIS PERIOD
$ 0.00

(f) ORIGINAL AMOUNT OF LOAN
$ 3500.00

(g) CUMULATIVE CONTRIBUTIONS TO DATE
$ 4500.00

---

Schedule B Summary

1. Loans received this period ................................................................. $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .................................................. $ 700.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ....................... NET $ (700.00)
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Schedule E**

**Payments Made**

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

### Statement covers period

- **from**: 07/01/2013
- **through**: 12/31/2013

**NAME OF FILER**

Keith Mashburn for City Council 2012

**I.D. NUMBER**

1328118

**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 OF PAYMENT</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>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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIIAI VALLEY POLICE FOUNDATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTB</td>
<td></td>
<td>109 04</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL**: $109 04

---

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 109 04
2. Unititemized 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.) ........................................................................................................................................................................... $ 109 04