

**Recipient Committee  
Campaign Statement  
Cover Page**

|   |                                |
|---|--------------------------------|
| Date Stamp                                | <b>CALIFORNIA<br/>FORM 460</b> |
| <b>RECEIVED</b><br><b>OCT 26 2022</b>     | Page <u>1</u> of <u>9</u>      |
| CITY CLERK'S DIVISION<br>CITY OF MOORPARK | For Official Use Only          |

|   |   |
|---|---|
| Statement covers period<br>from <u>9/25/2022</u><br><br>through <u>10/22/2022</u> | Date of election if applicable:<br>(Month, Day, Year)<br><br><u>11/8/2022</u> |
|---|---|

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 5)*

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 7)*

**2. Type of Statement:**

Preelection Statement  
 Semi-annual Statement  
 Termination Statement  
 (Also file a Form 410 Termination)  
 Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report

**3. Committee Information** I.D. NUMBER 1450924

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Roseann Mikos For Council 2022

STREET ADDRESS (NO P.O. BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Moorpark CA 93021 [REDACTED]

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

CITY STATE ZIP CODE AREA CODE/PHONE  
Moorpark CA 93021 [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS  
vote4mikos@gmail.com

**Treasurer(s)**

NAME OF TREASURER  
Roseann Mikos

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
Moorpark CA 93021 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY  
 \_\_\_\_\_

MAILING ADDRESS  
 \_\_\_\_\_

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 <u>10/26/2022</u><br>Date | By _____<br>[REDACTED]  |
| Executed on <u>10/26/2022</u><br>Date | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor |
| Executed on _____<br>Date             | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent                                   |
| Executed on _____<br>Date             | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent                                   |

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

Page 2 of 9

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Roseann Mikos

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

Moorpark City Councilmember, District 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

██████████ Moorpark CA 93021

**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?

YES  NO

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?

YES  NO

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 | <input type="checkbox"/> SUPPORT |
|                      |              | <input type="checkbox"/> OPPOSE  |

**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 | <input type="checkbox"/> SUPPORT |
|                                   |                       | <input type="checkbox"/> OPPOSE  |

|                                   |                       |                                  |
|-----------------------------------|-----------------------|----------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT |
|                                   |                       | <input type="checkbox"/> OPPOSE  |

|                                   |                       |                                  |
|-----------------------------------|-----------------------|----------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT |
|                                   |                       | <input type="checkbox"/> OPPOSE  |

|                                   |                       |                                  |
|-----------------------------------|-----------------------|----------------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT |
|                                   |                       | <input type="checkbox"/> OPPOSE  |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Roseann Mikos/Roseann Mikos for Council 2022

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>Sept. 24, 2022</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>Oct. 22, 2022</u>                          |                                |
| Page <u>3</u> of <u>9</u>                             | I.D. NUMBER<br>1450924         |

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions ..... <i>Schedule A, Line 3</i>    | \$ 2011.00   | \$ 7094.98                                 |
| 2. Loans Received ..... <i>Schedule B, Line 3</i>            | 00   | 00   |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>  | \$ 2011.00   | \$ 7094.98                                 |
| 4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i> | 10.75  | 237.34                                     |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i> | \$ 2021.75   | \$ 7332.32                                 |

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

|                            | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

**Expenditures Made**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 6. Payments Made ..... <i>Schedule E, Line 4</i>                   | \$ 678.85  | \$ 1570.30                                 |
| 7. Loans Made ..... <i>Schedule H, Line 3</i>                      | 0  | 0  |
| 8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>             | \$ 678.85  | \$ 1570.30                                 |
| 9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i> | 1189.11  | 1856.98                                    |
| 10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>         | 10.75  | 237.34                                     |
| 11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>      | \$ 1878.71   | \$ 3664.62                                 |

**Expenditure Limit Summary for State  
Candidates**

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

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|  |            |
|--|------------|
| 12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>             | \$ 4297.24 |
| 13. Cash Receipts ..... <i>Column A, Line 3 above</i>                              | 2011.00    |
| 14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>                | 0          |
| 15. Cash Payments ..... <i>Column A, Line 8 above</i>                              | 678.85     |
| 16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 5629.39 |

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

|  |      |
|--|------|
| 17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i> | \$ 0 |
|--|------|

**Cash Equivalents and Outstanding Debts**

|  |            |
|--|------------|
| 18. Cash Equivalents ..... <i>See instructions on reverse</i>            | \$ 0       |
| 19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ 1856.98 |

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).

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

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>Sept. 24, 2022</u><br>through <u>Oct. 22, 2022</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page <u>4</u> of <u>9</u>      |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Roseann Mikos/Roseann Mikos for Council 2022 | I.D. NUMBER<br>1450924 |
|---|------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/26/22       | David Pollock for Moorpark City Council 2022<br>(ID #1415000)<br>[REDACTED]; Moorpark, CA 93021 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 1000.00                     | 1000.00  |                                       |
| 10/15/22      | John LaJoy<br>[REDACTED]<br>Moorpark, CA 93021  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Self employed dentist<br>John D. LaJoy, DDS                                       | 250.00                      | 250.00   |                                       |
| 10/15/22      | Central Coast Labor Council PAC ID#890222<br>[REDACTED]<br>Long Beach, CA 90802                 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 500.00                      | 500.00   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |

**SUBTOTAL \$ 1750.00**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,750.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 261.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 2,011.00

\*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  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>Sept. 25, 2022</u><br>through <u>Oct. 22, 2022</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page <u>5</u> of <u>9</u>  |
| I.D. NUMBER<br>1450924  |                            |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Roseann Mikos/Roseann Mikos for Council 2022

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES        | AMOUNT/<br>FAIR MARKET VALUE | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN 1 - DEC 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|---|------------------------------|---|---------------------------------------|
| 10/21/22      | Octavio Quiroz<br>[REDACTED]<br>Oxnard, CA 93030  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | IT specialist<br>NetworkRepair1   | highlighters, tape,<br>and notepad pack | \$10.75                      | \$110.75  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |   |                              |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |   |                              |   |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |   |                              |   |                                       |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 10.75**

**Schedule C Summary**

|   |                       |
|---|-----------------------|
| 1. Amount received this period – itemized nonmonetary contributions.<br>(Include all Schedule C subtotals.).....                                    | \$ 10.75              |
| 2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....  | \$ 00                 |
| 3. Total nonmonetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... | <b>TOTAL \$ 10.75</b> |

\*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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>Sept. 25, 2022</u><br>through <u>Oct. 22, 2022</u> | <b>CALIFORNIA FORM 460</b> |
| Page <u>6</u> of <u>9</u>   | I.D. NUMBER<br>1450924     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Roseann Mikos/Roseann Mikos for Council 2022

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

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

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                        | CODE OR               | DESCRIPTION OF PAYMENT                      | AMOUNT PAID |
|--|-----------------------|---|-------------|
| Bank of America (credit card acct ending in 6374,<br>PO Box 982234, El Paso, TX 79998-2234 | CMP.<br>WEB.<br>POS + | Pay all outstanding CC charges thru 9/24/22 | \$667.87    |
| Subvendor: USPS \$121.44<br>High St; Moorpark, CA93021                                     | POS                   |   |             |
| Subvendor: The Fine Print Shop \$333.51<br>169 E. High St; Moorpark, CA93021               | LIT                   |   |             |

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

**SUBTOTAL \$ 667.87**

**Schedule E Summary**

|   |                        |
|---|------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$ 454.95              |
| 2. Unitemized payments made this period of under \$100.....   | \$ 223.90              |
| 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.)..... | <b>TOTAL \$ 678.85</b> |

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>Sept. 25, 2022</u><br>through <u>Oct. 22, 2022</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page <u>7</u> of <u>9</u>  |
| I.D. NUMBER<br>1450924  |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Roseann Mikos/Roseann Mikos for Council 2022

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

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

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                     | CODE OR DESCRIPTION OF PAYMENT         | (a)<br>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b)<br>AMOUNT INCURRED THIS PERIOD | (c)<br>AMOUNT PAID THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|--|---|------------------------------------|--|--|
| Bank of America (credit card acct ending in 6374,<br>PO Box 982234, El Paso, TX 79998-2234 | CMP,WEB,POS; <<br>\$100 excp for below | 667.87  | 1769.48                            | 667.87   | 1769.48  |
| Subvendor: USPS \$121.44<br>High St; Moorpark, CA93021                                     | POS                                    |   |                                    |  |  |
| Subvendor: The Fine Print Shop \$333.51<br>169 E. High St; Moorpark, CA 93021              | LIT                                    |   |                                    |  |  |
| <b>SUBTOTALS</b>   |  | <b>\$ 667.87</b>                                    | <b>\$ 1769.48</b>                  | <b>\$ 667.87</b>                                     | <b>\$ 1769.48</b>                                  |

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

**Schedule F Summary**

|   |                           |         |
|---|---------------------------|---------|
| 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)                     | <b>INCURRED TOTALS \$</b> | 1856.98 |
| 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | <b>PAID TOTALS \$</b>     | 667.87  |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)  | <b>NET \$</b>             | 1189.11 |

May be a negative number

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>Sept. 25, 2022</u><br>through <u>Oct. 22, 2022</u> | <b>CALIFORNIA 460<br/>FORM</b> |
|   | Page <u>8</u> of <u>9</u>      |
|   | I.D. NUMBER<br>1450924         |

NAME OF FILER

Roseann Mikos/Roseann Mikos for Council 2022

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

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

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

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)             | CODE OR<br>DESCRIPTION OF PAYMENT | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Subvendor: Smallpfd. Ltd. \$111.24<br>10 Staffelstrasse; 8003 Zurick, Switzerland  | LIT +                             |   |                                       |   |  |
| Subvendor: Political Data Intelligence. \$172.04<br>PO Box 58570; Norwalk CA 90652 | LIT +                             |   |                                       |   |  |
| Subvendor: Mail Manager \$1380.02<br>5124 Ralston; Ventura, CA 93003               | LIT +                             |   |                                       |   |  |
| Subvendor: VC Digital \$106.18<br>144 Los Angeles Ave., Moorpark, CA 93021         | LIT +                             |   |                                       |   |  |
| <b>SUBTOTALS \$</b>  |                                   | <b>00</b>   | <b>\$ 00</b>                          | <b>\$ 00</b>  | <b>\$ 00</b>   |

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>Sept. 25, 2022</u><br>through <u>Oct. 22, 2022</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page <u>9</u> of <u>9</u>  |
| NAME OF FILER<br>Roseann Mikos/Roseann Mikos for Council 2022                         | I.D. NUMBER<br>1450924     |

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

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

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

| NAME AND ADDRESS OF CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                  | CODE OR DESCRIPTION OF PAYMENT         | (a)<br>OUTSTANDING<br>BALANCE BEGINNING<br>OF THIS PERIOD | (b)<br>AMOUNT INCURRED<br>THIS PERIOD | (c)<br>AMOUNT PAID<br>THIS PERIOD<br>(ALSO REPORT ON E) | (d)<br>OUTSTANDING<br>BALANCE AT CLOSE<br>OF THIS PERIOD |
|---|--|---|---------------------------------------|---|--|
| Bernardo Perez for County Supervisor 2022 (ID # 1439804); [REDACTED] Moorpark, CA 93021 | 1/2 cost of country days booth on 10/1 | 00  | \$87.50                               | 00.00   | \$87.50  |
| Subvendor: Moorpark Chamber 1/2 x 175=\$87.50<br>18 E. High Street, Moorpark, CA 93021  |  |   |                                       |   |  |
|   |  |   |                                       |   |  |
|   |  |   |                                       |   |  |
| <b>SUBTOTALS \$</b>   |  | 00  | \$ 87.50                              | \$ 0  | \$ 87.50   |