

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp <b>RECEIVED</b> OCT 25 2018 CITY CLERK'S DIVISION CITY OF MOORPARK	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>5</u>
	For Official Use Only

Statement covers period from <u>9/23/18</u> through <u>10/20/18</u>	Date of election if applicable: (Month, Day, Year) <u>NOV, 6, 2018</u>
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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  
1406989

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

DAVID ROSS FOR MOORPARK CITY COUNCIL

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

DAVIDROSS@MOORPARK2018.COM

**Treasurer(s)**

NAME OF TREASURER

RACHEL ROSS

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

THOUSAND OAKS CA 91360 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

DAVID ROSS

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

MOORPARK CA 93021 [REDACTED]

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.

Executed on 10/22/18  
Date

By \_\_\_\_\_

Executed on 10/22/18  
Date

By \_\_\_\_\_  
Signature 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

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

DAVID J. ROSS

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

MOORPARK CITY COUNCIL

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

MOORPARK CA 93621

**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

SUPPORT  
 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

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>9/23/18</u> through <u>10/20/18</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>5</u>
I.D. NUMBER <u>1406989</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DAVID J. ROSS

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>1,000</u>	\$ <u>8,320.14</u>
2. Loans Received..... Schedule B, Line 3	_____	_____
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>1,000</u>	\$ <u>8,320.14</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	_____	_____
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>1,000</u>	\$ <u>8,320.14</u>

**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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>2068.99</u>	\$ <u>7,753.64</u>
7. Loans Made..... Schedule H, Line 3	_____	_____
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>2068.99</u>	\$ <u>7,753.64</u>
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	\$ <u>2068.99</u>	\$ <u>7,753.64</u>

**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
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>1,818.35</u>
13. Cash Receipts..... Column A, Line 3 above	<u>1,000</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	_____
15. Cash Payments..... Column A, Line 8 above	<u>2068.99</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>749.36</u>

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

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.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ \_\_\_\_\_

**Cash Equivalents and Outstanding Debts**

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

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>9/23/18</u> through <u>10/20/18</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

David Ross

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>10/24/18</u>	<u>DAVID ROSS</u> <u>[REDACTED]</u> <u>MOONPARK, CA 93021</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>FRAMER</u> <u>MOONPARK FRAMES</u>	<u>1,000</u>	<u>3,000</u>	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,000
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1,000

**\*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 from <u>9/23/18</u> through <u>10/20/18</u>	<b>CALIFORNIA FORM 460</b>
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**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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>FACE BOOK 1 HACKER WAY MENLO PARK, CA 94025</u>	<u>WEB</u>	<u>AD</u>		<u>428.39</u>
<u>RINCON LLC 2355 PORTLAND RD VENICE, CA 93083</u>	<u>CNS</u>			<u>1,601.60</u>

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>1831.79</u>
2. Unitemized payments made this period of under \$100	\$ <u>39.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ _____
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 \$</b> <u>2,068.99</u>