

Recipient Committee Campaign Statement Cover Page

Date Stamp RECEIVED OCT 24 2018 CITY CLERK'S DIVISION CITY OF MOORPARK	CALIFORNIA FORM 460
	Page <u>1</u> of <u>7</u>
	For Official Use Only

Statement covers period from <u>09/23/18</u> through <u>10/20/18</u>	Date of election if applicable: (Month, Day, Year) <u>11/06/18</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1407816

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

David Lopez-Lee for Moorpark City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Moorpark	CA	93021	

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

lopezlee@usc.edu

Treasurer(s)

NAME OF TREASURER

Malou Gilmore

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93035	

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

malougilmore@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief the information 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 10-23-18
Date

By _____

Executed on 10-23-18
Date

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer 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 Lopez-Lee

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

Moorpark City Council 2018

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
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
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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.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>09/23/18</u>		CALIFORNIA FORM 460
through <u>10/20/18</u>		
Page <u>3</u> of <u>7</u>		I.D. NUMBER <u>1407816</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

David Lopez-Lee for Moorpark City Council 2018

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>2,125.00</u>	\$ <u>7283.00</u>
2. Loans Received..... <i>Schedule B, Line 3</i>		<u>1,867.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>2,125.00</u>	\$ <u>7,283.00</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>		
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>2,125.00</u>	\$ <u>9,150.00</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	Column B
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>1,760.00</u>	\$ <u>6,771.44</u>
7. Loans Made..... <i>Schedule H, Line 3</i>		
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>1760.00</u>	\$ <u>6,771.44</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>		
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>		
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>1,660.00</u>	\$ <u>6,771.44</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..... <i>Previous Summary Page, Line 16</i>	\$ <u>2,013.56</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>2,125.00</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>1,760.00</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>2,378.56</u>

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.

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

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ _____
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Cash Equivalents and Outstanding Debts

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

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

Statement covers period from <u>09/23/18</u> through <u>10/20/18</u>		CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

David Lopez-Lee for Moorpark City Council 2018

I.D. NUMBER

1407816

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)
9/25/18	Steve Madison 1105 Chateau Dr. Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Quinn Emanuel Urquhart & Sullivan, LLP	500.00		
9/26/18	Gerald Lee 450 Anacapa St. Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
10/12/18	Jean Brown Graham 200 S. Clark Dr. Beverly Hills, CA 90211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
10/12/18	Planned Parenthood 518 Garden Street Santa Barbara, CA 93101 ID#1278950	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
10/12/18	SEIU Local 721 1545 Wilshire Blvd., #100 Los Angeles CA 90017 ID#743794	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
SUBTOTAL \$				1,450.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>2,050.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>75.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	TOTAL \$ <u>2,125.00</u>

*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 A (Continuation Sheet)
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>09/23/18</u> through <u>10/20/18</u>	CALIFORNIA FORM 460
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NAME OF FILER David Lopez-Lee for Moorpark City Council 2018	I.D. NUMBER 1407816
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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)
10/19/18	Malou Gilmore 2971 Fanshell Walk Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Enrolled Agent Self Employed Malou Gilmore, EA	500.00	700.00	
10/19/18	Victoria Perez 4627 Bella Vista Dr. Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Strategic Realty	100.00	200.00	
		<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				
SUBTOTAL \$				600.00		

*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 B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>09/23/18</u> through <u>10/20/18</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>7</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER David Lopez-Lee for Moorpark City Council 2018	I.D. NUMBER 1407816
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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
David Lopez-Lee [REDACTED] Moorpark, CA 93021	Professor Emeritus	\$ <u>494.00</u>	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>494.00</u> <u>11/6/18</u> DATE DUE	_____% RATE \$ _____	\$ <u>494.00</u> <u>7/2/18</u> DATE INCURRED	CALENDAR YEAR \$ <u>1,867.00</u> PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
David Lopez-Lee 15362 E. Benwood Dr Moorpark, CA 93021	Professor Emeritus	\$ <u>773.00</u>	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>773.00</u> <u>11/6/18</u> DATE DUE	_____% RATE \$ _____	\$ <u>773.00</u> <u>7/10/18</u> DATE INCURRED	CALENDAR YEAR \$ <u>1,867.00</u> PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
David Lopez-Lee 15362 E. Benwood Dr Moorpark, CA 93021	Professor Emeritus	\$ <u>600.00</u>	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>600.00</u> <u>11/6/18</u> DATE DUE	_____% RATE \$ _____	\$ <u>600.00</u> <u>8/20/18</u> DATE INCURRED	CALENDAR YEAR \$ <u>1,867.00</u> PER ELECTION** \$ _____
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$							\$ 1,867.00 \$	

Schedule B Summary

(Enter (e) on Schedule E, Line 3)

- Loans received this period\$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period\$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.)NET \$ _____
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

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

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	09/23/18	
through	10/20/18	Page <u>7</u> of <u>7</u>
NAME OF FILER		I.D. NUMBER
David Lopez-Lee for Moorpark City Council 2018		1407816

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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
Moorpark Acorn 1203 Flynn Rd Camarillo, CA 93010	PRT			1660.00
Moorpark Democratic Club 207 W. Los Angeles Ave #259 Moorpark, CA 93021	RFD			100.00

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

SUBTOTAL \$ 1,760.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	1,760.00
2. Unitemized payments made this period of under \$100.....	\$	
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.).....	TOTAL \$	1,760.00