

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp <b>RECEIVED</b> JAN 27 2017 CITY CLERK'S DIVISION CITY OF MOORPARK	CALIFORNIA FORM <b>460</b>
	Page <u>1</u> of <u>3</u> For Official Use Only

Statement covers period from <u>10/13/2016</u> through <u>12/31/2016</u>	Date of election if applicable: (Month, Day, Year) <u>11/08/2016</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<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement     |
| <input checked="" type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small>   |  |
| <input checked="" type="checkbox"/> Amendment (Explain below)<br>Updating Schedule A with name of business for self-employed contributors and changing Contribution Code to IND |  |

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <b>JEFFREY HIRTH FOR MAYOR COMMITTEE 2016</b>			
STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY <b>MOORPARK</b>	STATE <b>CA</b>	ZIP CODE <b>93021</b>	AREA CODE/PHONE [REDACTED]
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS			

I.D. NUMBER

**Treasurer(s)**

NAME OF TREASURER <b>JEFFREY HIRTH</b>			
MAILING ADDRESS [REDACTED]			
CITY <b>MOORPARK</b>	STATE <b>CA</b>	ZIP CODE <b>93021</b>	AREA CODE/PHONE [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 c

Executed on <u>1.27.2017</u> Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on <u>1.27.2017</u> Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from 10/13/2016 through 12/31/2016	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER 1391362	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jeffrey Hirth for Mayor Committee 2016

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)
10/24/16	Sandy Laranjo [REDACTED] Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	housewife	\$191.09	\$191.09	\$191.09
10/24/16	linda morris [REDACTED] moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	housewife	\$41.09	\$41.09	\$41.09
10/24/16	Rescue Strong [REDACTED] Saugus, CA 91350	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$41.09	\$41.09	\$41.09
10/24/16	TheJorell, LLC. [REDACTED] Woodland Hills, CA 91364	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$41.09	\$41.09	\$41.09
10/24/16	Tom Logan [REDACTED] simi valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State Farm Insurance	\$43.18	\$43.18	\$43.18
<b>SUBTOTAL \$</b>						

## Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$	922.12
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$	0
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	<b>TOTAL \$</b>	922.12

\*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>10/13/2016</u> through <u>12/31/2016</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Jeffrey Hirth for Mayor Committee 2016	I.D. NUMBER 1391362
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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)
10/24/16	Daniel Aguilera [REDACTED] Sunnyvale, CA 94089	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SMB Oracle	\$41.09	\$41.09	\$41.09
10/26/16	Preferred Testing labs inc [REDACTED] Moorpark ca 93021	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	\$250.00
11/07/16	Salazar Mexican Restaurants inc [REDACTED] Moorpark Ca, 93021	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$183.49	\$183.49	\$183.49
10/24/16	Nguyen La [REDACTED] Reseda, CA 91355	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tammys Nails	\$90.00	\$90.00	\$90.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>922.12</b>		

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 COM – Recipient Committee  
       (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
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