

# Recipient Committee Campaign Statement Cover Page

|  |                            |
|--|----------------------------|
| Date Stamp<br><b>RECEIVED</b><br><b>SEP 28 2020</b><br>CITY CLERK'S DIVISION<br>CITY OF MOORPARK | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>1</u> of <u>7</u>  |
|  | For Official Use Only      |

|   |   |
|---|---|
| Statement covers period<br>from <u>1/1/2020</u><br>through <u>9/19/2020</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>11/3/2020</u> |
|---|---|

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><br><br><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 Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small><br><br><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><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<br>(Also file a Form 410 Termination) |  |
| <input type="checkbox"/> Amendment (Explain below)                                   |  |

**3. Committee Information**I.D. NUMBER  
**1428835**

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

Re-Elect Ken Simons, Moorpark City Council, 2020, District 2

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Moorpark, California 91360

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Ken4council@gmail.com

**Treasurer(s)**

NAME OF TREASURER

James Christl

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Thousand Oaks, California 91360

NAME OF ASSISTANT TREASURER, IF ANY

N/A

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

James@cmjj.net

**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 September 21, 2020  
DateExecuted on September 21, 2020  
DateExecuted on \_\_\_\_\_  
DateExecuted on \_\_\_\_\_  
Date

By \_\_\_\_\_

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of SponsorBy \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure ProponentBy \_\_\_\_\_  
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 7

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Ken Simons

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

City Council Member, District 2

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

Moorspark, 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

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 |          | CALIFORNIA<br>FORM <b>460</b> |
| from                    | 1/1/2020 |                               |
| through                 |          | Page <u>3</u> of <u>7</u>     |
|                         |          | I.D. NUMBER<br>1428835        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Ken Simons, Moorpark City Council, 2020, District 2

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ 1310.20   | \$ 1310.20                                 |
| 2. Loans Received ..... Schedule B, Line 3            |  |  |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$   | \$   |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 |  |  |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ 1310.20   | \$ 1310.20                                 |

**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 ..... Schedule E, Line 4                   | \$ 34.30   | \$ 34.30                                   |
| 7. Loans Made ..... Schedule H, Line 3                      |  |  |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$   | \$   |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | 1716.67  | 1716.67                                    |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         |  |  |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ 1750.97   | \$ 1750.97                                 |

**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 ..... Previous Summary Page, Line 16             | \$ 0       |
| 13. Cash Receipts ..... Column A, Line 3 above                              | 1310.20    |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                |            |
| 15. Cash Payments ..... Column A, Line 8 above                              | 34.30      |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 1275.90 |

*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).

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

**Cash Equivalents and Outstanding Debts**

|   |            |
|---|------------|
| 18. Cash Equivalents ..... See instructions on reverse            | \$ 1275.90 |
| 19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above | \$ 1716.67 |

\*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>1/1/2020</u><br>through <u>9/19/2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page <u>4</u> of <u>7</u>      |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Re-Elect Ken Simons, Moorpark City Council, 2020, District 2 | I.D. NUMBER<br>1428835 |
|---|------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 7/24/2020          | Ken Simons<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 | Real Estate<br>NAI Capital   | 500.00                      | 500.00  |                                    |
| 8/25/2020          | John Davidson<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 | Insurance Advisor<br>Self Employed   | 485.20                      | 485.20  |                                    |
| 9/14/2020          | Edmund Reeh<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<br>Business Owner  | 200.00                      | 200.00  |                                    |
| 9/15/2020          | Michael Schiff<br>[REDACTED]<br>Thousand Oaks CA 91362                                       | <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 | Real Estate<br>NAI Capitals  | 100.00                      | 100.00  |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  |                             |   |                                    |

**Schedule A Summary**

|  |                         |
|--|-------------------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                           | \$ 1285.20              |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....  | \$ 25.00                |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | <b>TOTAL \$ 1310.20</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>1/1/2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>9/19/2020</u>                        |                                |
| Page <u>5</u> of <u>7</u>                       |                                |
| I.D. NUMBER<br>1428835                          |                                |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Re-Elect Ken Simons, Moorpark City Council, 2020, District 2

**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 |
|---|------|----|------------------------|-------------|
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

\* 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.).....   | \$ _____                     |
| 2. Unitemized payments made this period of under \$100.....   | \$ <u>34.30</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 \$ <u>34.30</u></b> |

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

Amounts may be rounded to whole dollars.

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>1/1/2020</u><br>through <u>9/19/2020</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page <u>6</u> of <u>7</u>  |
|   | I.D. NUMBER<br>1428835     |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Re-Elect Ken Simons, Moorpark City Council, 2020, District 2

**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 (ALSO REPORT ON E) | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|--------------------------------|---|------------------------------------|---|--|
| Citibank Preferred Mastercard<br>PO Box 9001037<br>Louisville KY 40290              |                                | 0   | 1716.67                            | 0   | 1716.67  |
| Sub vendor:<br>SBR Signs \$697.75<br>5345 N Commerce Ave, Unit 9, Moorpark CA 93021 | Yard Signs                     |   |                                    |   |  |
| Sub vendor: \$48.31<br>Home Depot<br>575 Cochran St, Simi Valley, CA 93065          | Yard Signs                     |   |                                    |   |  |

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

**SUBTOTALS \$ 0 \$ 1716.67 \$ 0 \$ 1716.67**

**Schedule F Summary**

- 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.) ..... **INCURRED TOTALS \$ 1716.67**
- 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.) ..... **PAID TOTALS \$ 0**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$ 1716.67**  
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>1/1/2020</u><br>through <u>9/19/2020</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page <u>7</u> of <u>7</u>  |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Re-Elect Ken Simons, Moorpark City Council, 2020, District 2 | I.D. NUMBER<br>1428835 |
|---|------------------------|

**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 |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Sub Vendor:<br>Pens Designs \$970.61<br>Online Order                   | Ink Pens                          |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
|  |                                   |   |                                       |   |  |
| <b>SUBTOTALS \$</b>  |                                   |   |                                       |   |  |