

**Recipient Committee  
Campaign Statement  
CoverPage**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVERPAGE

Date Stamp  
CITY OF SIMI VALLEY  
2008 OCT 20 AM 11:02  
OFFICE OF CITY CLERK  
BY *W. Zimmerman*

CALIFORNIA 2001/02 FORM **460**

Page 1 of 5  
For Official Use Only

Statement covers period  
from 1 October 2008  
through 18 October 2008

Date of election if applicable:  
(Month, Day, Year)  
11-04-2008

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
- Ballot Measure Committee
  - Primarily Formed
  - 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER 1256206

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

Committee to Elect Paul Miller

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

James R. Lowry

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Paul Miller

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 October 19, 2008  
Date

Executed on 10/19/08  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By James R. Lowry  
Signature of Treasurer or Assistant Treasurer

By Paul Miller  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

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  
 Committee to Elect Paul Miller for Mayor - ID #1256206  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
 Mayor, City of Simi Valley  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. 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 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

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1 October 2008</u>	<b>CALIFORNIA FORM 460</b>
through <u>18 October 2008</u>	
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>1256206</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Paul Miller for Mayor - ID #1256206

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDARYEAR TOTAL/DATE
1. Monetary Contributions ..... Schedule A, Line 3 \$	<u>1,325.00</u>	\$ <u>17,149.00</u>
2. Loans Received ..... Schedule B, Line 7	<u>-0-</u>	<u>-0-</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2 \$	<u>1,325.00</u>	\$ <u>17,149.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>-0-</u>	<u>455.24</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 \$	<u>1,325.00</u>	\$ <u>17,604.24</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 \$	<u>0</u>	\$ <u>0</u>
21. Expenditures Made \$	<u>0</u>	\$ <u>0</u>

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDARYEAR TOTAL/DATE
6. Payments Made ..... Schedule E, Line 4 \$	<u>2,817.50</u>	\$ <u>24,801.03</u>
7. Loans Made ..... Schedule H, Line 7	<u>-0-</u>	<u>-0-</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7 \$	<u>2,817.50</u>	\$ <u>24,801.03</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F Line 3	<u>-0-</u>	<u>-0-</u>
10. Non-monetary Adjustment ..... Schedule C, Line 3	<u>-0-</u>	<u>455.24</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10 \$	<u>2,817.50</u>	\$ <u>25,256.27</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>3,229.72</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>1,325.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>-0-</u>
15. Cash Payments ..... Column A, Line 8 above	<u>2,817.50</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 \$	<u>1,737.22</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).

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$	<u>-0-</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse \$	<u>-0-</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column 8 above \$	<u>-0-</u>

\* Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from 1 October 2008  
through 18 October 2008

CALIFORNIA  
FORM **460**

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Paul Miller for Mayor - ID #1256206

I.D. NUMBER

1256206

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)
10/03/08	Gary & Jeannie Seaton	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker NAI Capitol Real Estate	250.00	250.00	
10/15/08	First Automotive Group	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
10/15/08	Otto Austel	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	
10/15/08	Ditomaso Family Trust	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
10/15/08	Thomas Odegard	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Banker Calif. Oaks State Bank	100.00	100.00	

SUB-TOTAL \$ 1050.00

## Schedule A Summary

1. Amount received this period - contributions of \$1 00 or more.

(Include all Schedule A subtotals.) ----- \$ 1,050.00

2. Amount received this period - unitemized contributions of less than \$1 00 ----- \$ 275.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ----- TOTAL \$ 1,325.00

• Contributor Codes

IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>SCHEDULEE</b>	
from	1 October 2008	<b>CALIFORNIA FORM 460</b>	
through	18 October 2008	Page	5 of 5
NAME OF FILER		I.D. NUMBER	
Committee to Elect Paul Miller for Mayor - ID #1256206		1256206	

SEE INSTRUCTIONS ON REVERSE

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

- |   |   |   |
|---|---|---|
| CW campaign paraphernalia/misc.                                   | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | WG meetings and appearances                   | RFD returned contributions                                    |
| CTEI contribution (explain nonmonetary)*                          | OFIC 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                               | TRIC 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
Ventura County Star	PRT		1,417.50
Money Mailer	LIT		1,400.00

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

**SUBTOTALS \$ 2,817.50**

**Schedule E Summary**

- |  |                          |
|--|--------------------------|
| 1. Payments made this period of \$1 00 or more. (Include all Schedule E subtotals.)                                | \$ 2,817.50              |
| 2. Unitemized payments made this period of under \$1 00  | \$ -0-                   |
| 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 \$ 2,817.50</b> |