

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>CITY CLERK</b> MAR 24 PM 3:11	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>5</u>
	For Official Use Only

Statement covers period from <u>2/20/11</u> through <u>3/19/11</u>	Date of election if applicable (Month, Day, Year) <u>4/5/11</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
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER 1336891

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
City Council 2011

STREET ADDRESS (NO P.O. BOX)  
Citizens for Michael Mokhe  
412 Ashburton Pl. 818-383-5001

CITY STATE ZIP CODE AREA CODE/PHONE  
Glendale, Ca 91206

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
Oran Mokhe

MAILING ADDRESS  
412 Ashburton Pl  
Glendale, Ca 91206

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

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 3/23/11  
Date  
Executed on 3/20/11  
Date  
Executed on \_\_\_\_\_  
Date  
Executed on \_\_\_\_\_  
Date

By Oran Mokhe  
Signature of Treasurer or Assistant Treasurer  
By Michael J. Mokhe  
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**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA**  
**FORM 460**  
Page 2 of 5

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

*Michael Mohr*

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

*Stardale City Council*

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

*412 Asbury Pl Stardale, Ca 91206*

**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*

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>2/20/11</u> through <u>3/19/11</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>5</u>	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Michael Nopre*

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)
2/23/11	<i>Stephen Murren 1127 Wilshire Blvd Los Angeles, Ca 90017</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			150.00	150.00
2/25/11	<i>Michael Walsh 4212 Dunsmore Ave Glendale, Ca 91214</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			100.00	100.00
2/24/11	<i>William T Smith 43951 Brltett St Torrance, Ca 92592</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			100.00	100.00
3/8	<i>Jim + Evelyn Reetz 1344 Beverly Blvd Glendale, Ca 91208</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			100.00	100.00
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 450.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 570.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1020.00

\*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 E  
Payments Made**

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

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	<u>2/20/11</u>	Page	<u>4</u> of <u>5</u>
through	<u>3/19/11</u>	I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Michael Kopel*

**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
<i>Staples</i>	<i>LIT</i>	<i>Campaign fliers (copies)</i>	<i>172.48</i>
<i>Staples</i>	<i>LIT</i>	<i>copies of campaign material</i>	<i>77.91</i>
<i>USPO</i>	<i>LIT</i>		<i>88.00</i>
<i>Reimburse Learning Module for Staples Receipts put on Her Credit Card</i>			<i>395.35</i>

\* 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.)   | ..... | <i>567.83</i>   | \$ <del><i>733.74</i></del> <i>567.83</i> |
| 2. Unitemized payments made this period of under \$100   | ..... |                 | \$ <i>165.91</i>                          |
| 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> | <i>733.74</i>                             |

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>2/20/11</u> through <u>3/19/11</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>5</u>	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Michael Mosher*

**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>1020.00</u>	\$ <u>1420.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>1020.00</u>	\$ <u>1420.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>1020.00</u>	\$ <u>1420.00</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>733.74</u>	\$ <u>1124.37</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>733.74</u>	\$ <u>1124.37</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>733.74</u>	\$ <u>1124.37</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>9.37</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>1020.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>733.74</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>295.63</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 \$ 0

**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 B above	\$ <u>0</u>