

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp RECEIVED OCT 23 2018 CITY CLERK CITY OF VISTA, CA	CALIFORNIA 2001/02 FORM 460
Page <u>1</u> of <u>6</u>	
For Official Use Only	

Statement covers period from <u>10/13/2018</u> through <u>10/20/2018</u>	Date of election if applicable: (Month, Day, Year) _____
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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
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <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
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" 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
<i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1397990

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Re-Elect Judy Ritter Mayor2018

STREET ADDRESS (NO P.O. BOX)

CITY <u>Vista</u>	STATE <u>CA</u>	ZIP CODE <u>92084-6275</u>	AREA CODE/PHONE <u>(760) _____</u>
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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

judyritter@cox.net

Treasurer(s)

NAME OF TREASURER
Tera Moore

MAILING ADDRESS

CITY <u>Vista</u>	STATE <u>CA</u>	ZIP CODE <u>92081-6359</u>	AREA CODE/PHONE <u>520 _____</u>
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NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 10/22/2018
Date

Executed on 10/22/2018
Date

Executed on _____
Date

Executed on _____
Date

By Tera Moore
Signature of Treasurer or Assistant Treasurer

By Judy Ritter
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



Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Judy Ritter

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

Held : Mayor
City- City of Vista

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Vista CA 92084-5526

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.

Table with 2 columns: COMMITTEE NAME, I.D. NUMBER. Includes NAME OF TREASURER and CONTROLLED COMMITTEE? (YES/NO).

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

Table with 2 columns: COMMITTEE NAME, I.D. NUMBER. Includes NAME OF TREASURER and 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

Table with 3 columns: BALLOT NO. OR LETTER, JURISDICTION, SUPPORT/OPPOSE checkboxes.

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Table with 2 columns: 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.

Table with 3 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT/OPPOSE checkboxes. Multiple rows for different candidates.

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		CALIFORNIA FORM 460
from	10/13/2018	
through	10/20/2018	Page <u>3</u> of <u>6</u>
		I.D. NUMBER 1397990

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Judy Ritter Mayor2018

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 3275.00	\$ 27393.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 3275.00	\$ 27393.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	1180.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 3275.00	\$ 28573.00

**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	\$ 11329.00	\$ 17244.00
21. Expenditures Made	\$ 6939.77	\$ 18096.17

Expenditures Made

	Column A	Column B
6. Payments Made Schedule E, Line 4	\$ 2410.28	\$ 23855.94
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 2410.28	\$ 23855.94
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	1180.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 2410.28	\$ 25035.94

**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	\$ 2672.34
13. Cash Receipts Column A, Line 3 above	3275.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	2410.28
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 3537.06

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 Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00



**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>10/13/2018</u>	CALIFORNIA FORM 460
through <u>10/20/2018</u>	
Page <u>4</u> of <u>6</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Judy Ritter Mayor2018

I.D. NUMBER

1397990

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)
10/15/2018	Barbara Boyer [REDACTED] Vista, CA 92081	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	150.00	150.00	150.00 G 18
10/15/2018	Stephanie Jackel [REDACTED] Vista, CA 92081	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired N/A	25.00	100.00	100.00 G 18
10/15/2018	Joe Jaoudi [REDACTED] Vista, CA 92084	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Jaoudi Industrial & Trading	100.00	100.00	100.00 G 18
10/17/2018	Ben Badiie [REDACTED] La Jolla, CA 92038	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ceo Badiie Development Inc	450.00	450.00	450.00 G 18
10/17/2018	Building Industry Assoc of San Diego PAC 9201 Spectrum Center Blvd, Ste 110 San Diego, CA 92123 ID :790708	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		450.00	450.00	450.00 G 18
SUBTOTAL \$				1175.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	<u>3225.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	<u>50.00</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>3275.00</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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)



**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period from <u>10/13/2018</u> through <u>10/20/2018</u>	CALIFORNIA FORM 460
	Page <u>5</u> of <u>6</u>

NAME OF FILER Re-Elect Judy Ritter Mayor2018	I.D. NUMBER 1397990
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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)
10/18/2018	Richard Albert [REDACTED] Laguna Beach, CA 92652	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Tennis Club of Vista	250.00	250.00	250.00 G 18
10/18/2018	Gordana Djordjevich [REDACTED] Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unemployed N/A	450.00	450.00	450.00 G 18
10/18/2018	Zoran Djordjevich [REDACTED] Encinitas, CA 92024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor Zora Djordjevich	450.00	450.00	450.00 G 18
10/19/2018	Denise Morse [REDACTED] New Orleans, LA 70115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP Communications House Canary	450.00	450.00	450.00 G 18
10/19/2018	Paul Morse [REDACTED] New Orleans, LA 70115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Photographer Paul Morse Photography	450.00	450.00	450.00 G 18
SUBTOTAL \$				2050.00		

*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.

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	10/13/2018	
through	10/20/2018	Page <u>6</u> of <u>6</u>
NAME OF FILER		I.D. NUMBER
Re-Elect Judy Ritter Mayor2018		1397990

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect Judy Ritter Mayor2018

I.D. NUMBER

1397990

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
Aloha Printing 133 Newport Drive San Marcos, CA 92069	CMP		signs	1591.28
Mary Azevedo P.O.Box 448 Oceanside, CA 92049	CNS			815.00

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

SUBTOTAL \$ 2406.28

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	2406.28
2. Unitemized payments made this period of under \$100	\$	4.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	2410.28



Supplement to Campaign Disclosure Statement

CITY OF VISTA FORM 460-S

NAME OF FILER: Judy Ritter I.D. NUMBER: 1397990 PERIOD ENDING: 10/20/18

1. SUPPLEMENT TO SCHEDULE A – RECONCILIATION OF UNITEMIZED CONTRIBUTIONS LESS THAN \$100:

- a. Total amount of Unitemized Contributions reported on California Form 460, Schedule A, line 2 \$ 50.00
- b. Subtotal of Unitemized Contributions identified on your records to Contributors \$ 50.00
- c. Subtotal of Unitemized Anonymous Contributions not identified to Contributors \$ 0
- d. Total from lines b and c should equal line 1.a \$ 50.00

If the amount shown on line d does not equal the amount shown on line a, attach a separate sheet explaining the difference.

Proposition V prohibits candidates from receiving anonymous campaign contributions in an aggregate amount greater than ⁴⁵⁰\$440. If the amount shown on Line c above is greater than ⁴⁵⁰\$440, you must pay the excess amount to the City of Vista within five days to avoid penalty.

2. SUPPLEMENT TO SCHEDULE E – RECONCILIATION OF UNITEMIZED PAYMENTS UNDER \$100:

- a. Total amount of Unitemized Payments reported on California Form 460, Schedule E, line 2 \$ 4.00
- b. Subtotal of Unitemized Payments identified on your records to Specified Purposes \$ 4.00
- c. Subtotal of Unitemized Payments to Petty Cash \$ 0
- d. Total from lines b and c should equal line 2.a \$ 4.00

If the amount shown on line d does not equal the amount shown on line a, attach a separate sheet explaining the difference.

Proposition V prohibits candidates from making petty cash disbursements of more than \$20 per week from either a candidate or a committee account, or more than \$40 per week from a joint candidate and committee account. If the amount shown on line c above exceeds the \$20 limit, or \$40 limit if it applies, you must attach a separate sheet providing a description of the purposes of all payments in excess of the limit.

VERIFICATION

I have used all reasonable diligence in preparing and reviewing this supplemental statement, and to the best of my knowledge the information contained herein and on the attached sheets, if any, 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: 10/20/18
(Date)

By: [Signature]
(Signature of Treasurer)

Executed on: 10/20/18
(Date)

By: [Signature]
(Signature of Candidate)