

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp CITY OF OXNARD CITY CLERK 2012 OCT 25 P 2: 23	CALIFORNIA FORM 460
	Page <u>1</u> of <u>6</u> For Official Use Only

Statement covers period from <u>October 1, 2012</u> through <u>October 20, 2012</u>	Date of election if applicable: (Month, Day, Year) <u>November 6, 2012</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee |
| <input type="radio"/> State Candidate Election Committee | <input type="radio"/> Controlled |
| <input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee | <input checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<i>(Also Complete Part 7)</i> |
| <input type="radio"/> Sponsored | |
| <input type="radio"/> Small Contributor Committee | |
| <input type="radio"/> Political Party/Central Committee | |

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
<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
1309837

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

Committee To Elect Danielle 'Danie' Navas City Treasurer 2012

STREET ADDRESS (NO P.O. BOX)

3500 Taffrail Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93035	805-984-7414

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

Treasurer(s)

NAME OF TREASURER
William T. Belcher

MAILING ADDRESS
1732 Fisher Court

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93035	805-984-7624

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 October 24, 2012
Date

Executed on October 24, 2012
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By Danielle Navas
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 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Danielle 'Danie' Navas

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Treasurer, Oxnard, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3500 Taffrail Lane Oxnard CA 93035

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. Primarily Formed 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 Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE Daniell 'Danie' Navas	OFFICE SOUGHT OR HELD City Treasurer	<input checked="" 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>October 1, 2012</u> through <u>October 20, 2012</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>6</u>
	I.D. NUMBER 1309837

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Danielle 'Danie' Navas

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ <u>4569</u>	\$ <u>9118</u>
2. Loans Received Schedule B, Line 3	<u>0</u>	<u>2000</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>4569</u>	\$ <u>11118</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0</u>	<u>401</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>4569</u>	\$ <u>11519</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	\$ _____	\$ _____

	Column A	Column B
Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ <u>5076</u>	\$ <u>7885</u>
7. Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>5076</u>	\$ <u>7885</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>401</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>5076</u>	\$ <u>8286</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>4301</u>
13. Cash Receipts Column A, Line 3 above	<u>4569</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0</u>
15. Cash Payments Column A, Line 8 above	<u>5076</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3794</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	

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	\$ <u>0</u>
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>4000</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>October 1, 2012</u> through <u>October 20, 2012</u>		CALIFORNIA FORM 460
Page <u>4</u> of <u>6</u>		
NAME OF FILER Danielle 'Danie' Navas		I.D. NUMBER 1309837

SEE INSTRUCTIONS ON REVERSE

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)
10-02-2012	Oxnard Peace Officers Association P.O. Box 6535 Oxnard, CA 93031 ID #850-242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1000	1000	
10-03-2012	Oxnard Chamber of Commerce PAC 400 E Esplanade Drive, #302 Oxnard, CA 93036D #961270	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		2000	2000	
10-03-2012	Lourdes & Armando Lopez 20232 Keltic Lodge Drive Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Plaza Partners Developer	250	250	
10-02-2012	Oxnard Firefighters Local 1684 PAC 249 Calle Larios Camarillo, CA 93010	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1000	1000	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				4250		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>4250</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>319</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>4569</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

**Schedule B – Part 1
Loans Received**

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

Statement covers period from <u>October 1, 2012</u> through <u>October 20, 2012</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Danielle 'Danie' Navas

I.D. NUMBER

1309837

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Danielle 'Danie' Navas 3500 Taffrail Lane Oxnard, CA 93035 † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Treasurer City of Oxnard	\$ 4000	\$ 1000	<input checked="" type="checkbox"/> PAID \$ 1000 <input type="checkbox"/> FORGIVEN \$ _____	\$ 4000 Unknown DATE DUE	0 % RATE \$ 0	\$ 1000 10-2-12 DATE INCURRED	CALENDAR YEAR \$ 3000 PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$			1000 \$	1000 \$	4000 \$	0		

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 1000
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 1000
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$** 0
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	October 1, 2012	
through	October 20, 2012	Page <u>6</u> of <u>6</u>
NAME OF FILER		I.D. NUMBER
Danielle 'Danie' Navas		1309837

SEE INSTRUCTIONS ON REVERSE

Danielle 'Danie' Navas

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

- | | | |
|--|--|---|
| <p>CMF campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings</p> | <p>MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads</p> | <p>RAD radio airtime and production costs
 RFD returned contributions
 SAL campaign workers' salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)</p> |
|--|--|---|

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
B & B Mailing Service 2401 Eastman Avenue #25 Oxnard, CA 93030	LIT			3641
V-3 Printing 200 North Elevar Street Oxnard, CA 93030	LIT			1375

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 5016**

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 5016
2. Unitemized payments made this period of under \$100	\$ 60
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.)	TOTAL \$ 5076