

Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2012</u> through <u>10/20/2012</u>	Date Stamp CITY OF OXNARD CITY CLERK 2012 OCT 29 P 1:04	CALIFORNIA FORM 465
		Page <u>1</u> of <u>2</u> For Official Use Only
Date of election if applicable: (Month, Day, Year)		

Amendment (Explain Below)

1. Committee/Filer Information

I.D. NUMBER (If recipient committee)
1352439

COMMITTEE/FILER'S NAME

Oxnard Coalition for Jobs and Transparency

STREET ADDRESS (NO P.O. BOX)

1237 S Victoria Ave #407

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93035	714-540-2295

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER

Lysa Ray

MAILING ADDRESS

603 E Alton Ave STE H

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana	CA	92705	714-540-2295

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE Dr. Irene Pinkard	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE Mayor Oxnard		SUPPORT X	OPPOSE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

3. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/11/2012	Bieber Communications 3609 W MacArthur Blvd #812 Santa Ana, CA 92704	LIT & POS	13,067.56	13,067.56

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from	01/01/2012	
through	10/20/2012	Page <u>2</u> of <u>2</u>
NAME OF FILER Oxnard Coalition for Jobs and Transparency		I.D. NUMBER (If recipient com.) 1352439

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NAME OF FILER
Oxnard Coalition for Jobs and Transparency

I.D. NUMBER (If recipient com.)
1352439

4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	13,067.56
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	13,067.56

5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER _____

ADDRESS _____ (NO. AND STREET)

CITY _____ STATE _____ ZIP CODE _____

3) NAME OF FILING OFFICER _____

ADDRESS _____ (NO. AND STREET)

CITY _____ STATE _____ ZIP CODE _____

2) NAME OF FILING OFFICER _____

ADDRESS _____ (NO. AND STREET)

CITY _____ STATE _____ ZIP CODE _____

4) NAME OF FILING OFFICER _____


ADDRESS _____ (NO. AND STREET)

CITY _____ STATE _____ ZIP CODE _____

6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 10/25/12
DATE

By 
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent