Recipie Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

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
     (Also Complete Part 6)
   - ☑ Primarily Formed Candidate/Officeholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - ☐ Pre-election Statement
   - ☐ Semi-annual Statement
   - ☐ Termination Statement
     (Also file a Form 410 Termination)
   - ☐ Amendment (Explain below)
   - ☐ Quarterly Statement
   - ☐ Special Odd-Year Report
   - ☐ Supplemental Pre-election Statement - Attach Form 495

3. Committee Information
   I.D. NUMBER 1265615
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Committee for Election of Council By District
   STREET ADDRESS (NO P.O. BOX)
   1965 Falkner Place
   CITY Oxnard
   STATE CA
   ZIP CODE 93033
   AREA CODE/PHONE 805 486-6799
   MAILING ADDRESS
   1965 Falkner Place
   CITY Oxnard
   STATE CA
   ZIP CODE 93033
   AREA CODE/PHONE 805 486-6799
   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 06/30/2010
   Date

   By ____________________________
   Signature of Treasurer or Assistant Treasurer

   By ____________________________
   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

FPPC Form 460 (January/06)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
</tr>
</tbody>
</table>

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>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Election of Nine Members of City Council by District</td>
</tr>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>DISTRICT NO. IF ANY</td>
</tr>
</tbody>
</table>

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
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<td>OPPOSE</td>
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</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
</tbody>
</table>

1. Monetary Contributions .......... Schedule A, Line 3 $00 $00
2. Loans Received .......... Schedule B, Line 3 $00 $00
3. SUBTOTAL CASH CONTRIBUTIONS .......... Add Lines 1 + 2 $00 $00
4. Nonmonetary Contributions .......... Schedule C, Line 3 $00 $00
5. TOTAL CONTRIBUTIONS RECEIVED .......... Add Lines 3 + 4 $00 $00

### Expenditures Made

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td>CALENDAR YEAR TOTAL TO DATE</td>
</tr>
</tbody>
</table>

6. Payments Made .......... Schedule E, Line 4 $00 $00
7. Loans Made .......... Schedule H, Line 3 $00 $00
8. SUBTOTAL CASH PAYMENTS .......... Add Lines 6 + 7 $00 $00
9. Accrued Expenses (Unpaid Bills) .......... Schedule F, Line 3 $00 $00
10. Nonmonetary Adjustment .......... Schedule C, Line 3 $00 $00
11. TOTAL EXPENDITURES MADE .......... Add Lines 8 + 9 + 10 $0  $0

### Current Cash Statement

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>previos Summary Page Line 16</td>
<td>Current Cash Statement</td>
</tr>
</tbody>
</table>

12. Beginning Cash Balance .......... Previous Summary Page, Line 16 $ \( \) $ \( \) 
13. Cash Receipts .......... Column A, Line 3 above $00 $00
14. Miscellaneous Increases to Cash .......... Schedule I, Line 4 $00 $00
15. Cash Payments .......... Column A, Line 8 above $00 $00
16. ENDING CASH BALANCE .......... Add Lines 12 + 13 + 14, then subtract Line 15 $00 $00

If this is a termination statement, Line 16 must be zero.

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
</table>

18. Cash Equivalents .......... See instructions on reverse $00 $00
19. Outstanding Debts .......... Add Line 2 + Line 9 in Column B above $00 $00