Recipient 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.
   - Officemember, 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/Officemember 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)

3. Committee Information
   I.D. NUMBER 96-1270
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   OXNARD CHAMBER OF COMMERCE - PAC
   STREET ADDRESS (NO P.O. BOX)
   400 E ESPLANADE DR #302
   CITY OXNARD
   STATE CA
   ZIP CODE 93036
   AREA CODE 805
   PHONE 983-6118
   Mailing Address:
   1130 CAPRI WAY
   CITY OXNARD
   STATE CA
   ZIP CODE 93035
   AREA CODE 805
   PHONE 984-3371

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 JULY 27, 2010
   By: Penny Boehm
   Signature of Treasurer or Assistant Treasurer

   EXECUTED ON
   By: [Signature]
   Date

   EXECUTED ON
   By: [Signature]
   Date

   EXECUTED ON
   By: [Signature]
   Date

   EXECUTED ON
   By: [Signature]
   Date

   EXECUTED ON
   By: [Signature]
   Date

   EXECUTED ON
   By: [Signature]
   Date
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$3660.00</td>
<td>$3660.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$3660.00</td>
<td>$3660.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$3660.00</td>
<td>$3660.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$700.00</td>
<td>$700.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$700.00</td>
<td>$700.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$700.00</td>
<td>$700.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16 $9573.00
13. Cash Receipts Column A, Line 3 above $3660.00
14. Miscellaneous Increases to Cash Schedule I, Line 4 $0
15. Cash Payments Column A, Line 8 above $700.00
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 $12533.00

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

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse $0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above $0

### Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

- Contributions Received $__________ $__________
- Expenditures Made $__________ $__________

### Expenditure Limit Summary for State Candidates

- Cumulative Expenditures Made (if subject to voluntary expenditure limit)
  - Date of Election (mm/dd/yy) $__________
  - Total to Date $__________

*Amounts in this section may be different from amounts reported in Column B.
**Schedule A**

**Monetary Contributions Received**

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

<table>
<thead>
<tr>
<th>Statement covers period</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 1-1-10</td>
</tr>
<tr>
<td>through 6-30-10</td>
</tr>
</tbody>
</table>

**CALIFORNIA FORM 460**

**Page 3 of 5**

**NAME OF FILER**

OXNARD CHAMBER OF COMMERCE - PAC

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2-1-10</strong> THRU INTERMEDIARY OXNARD CHAMBER 400 E ESPLANADE DR #302 OXNARD CA 93036</td>
<td>☐ IND</td>
<td>☑ OTH</td>
<td>☑ PTY</td>
<td>☑ SCC</td>
<td>1050.00</td>
</tr>
<tr>
<td><strong>3-1-10</strong> ALL ARE VOLUNTARY CONTRIBUTIONS OF $30 OR LESS PER YEAR. NONE EQUAL $100 OR MORE</td>
<td>☐ IND</td>
<td>☑ OTH</td>
<td>☑ PTY</td>
<td>☑ SCC</td>
<td>630.00</td>
</tr>
<tr>
<td><strong>3-31-10</strong></td>
<td>☐ IND</td>
<td>☑ OTH</td>
<td>☑ PTY</td>
<td>☑ SCC</td>
<td>480.00</td>
</tr>
<tr>
<td><strong>5-14-10</strong></td>
<td>☐ IND</td>
<td>☑ OTH</td>
<td>☑ PTY</td>
<td>☑ SCC</td>
<td>600.00</td>
</tr>
<tr>
<td><strong>5-28-10</strong></td>
<td>☐ IND</td>
<td>☑ OTH</td>
<td>☑ PTY</td>
<td>☑ SCC</td>
<td>570.00</td>
</tr>
</tbody>
</table>

**SUBTOTALS** 3330.00

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .......................................................... $ 0

2. Amount received this period – unitemized monetary contributions of less than $100 ........................................... $ 3660.00

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ........................................... TOTAL $ 3660.00

*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

FPCC Toll-Free Helpline: 866/ASK-FPCC (866/275-3772)
Schedule A (Continuation Sheet)
Monetary Contributions Received

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

Statement covers period
from 1-1-10
through 6-30-10

NAME OF FILER

Oxnard Chamber of Commerce - PAC

I.D. NUMBER
96-1270

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-30-10</td>
<td>THRU INTERMEDIARY Oxnard Chamber 400 E Esplanade Dr #302 Oxnard CA 93036</td>
<td></td>
<td></td>
<td>330.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ALL ARE VOLUNTARY CONTRIBUTIONS OF $30 OR LESS PER YEAR. NONE EQUAL $100 OR MORE.

SUBTOTAL $ 330.00

*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 D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .................................................. $ 700.00

2. Unitemized contributions and independent expenditures made this period of under $100 ................................................................. $ 0

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) .............. TOTAL $ 700.00

---

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-4-10</td>
<td>AUDRA STRICKLAND FOR SUPERVISOR VENTURA COUNTY SUPERVISOR DISTRICT 2</td>
<td>✓ Monetary Contribution</td>
<td>ID #1324449</td>
<td>700.00</td>
<td>700.00</td>
<td>700.00</td>
</tr>
</tbody>
</table>

**SUBTOTAL** $ 700.00