

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp CITY OF OXNARD 10 OCT 21 PM	CALIFORNIA FORM 460
	Page <u>1</u> of <u>4</u> For Official Use Only

Statement covers period from <u>7/1/2010</u> through <u>9/30/2010</u>	Date of election if applicable: (Month, Day, Year) <u>November 2, 2010</u>
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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
 Controlled
 Sponsored
(Also Complete Part 6)

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

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)

Amendment (Explain below)
Pay pal statements not available for the report due on 10-3-20.
Typos on a Schedule A continuation page. See corrected copies

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 1311210

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE TO ELECT CARMEN RAMIREZ TO OXNARD CITY COUNCIL 2010

STREET ADDRESS (NO P.O. BOX)
2081 N. Oxnard Blvd. # 250

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>OXNARD</u>	<u>CA</u>	<u>93030</u>	<u>805-485-8026</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
carmen@carmenramirez2010.com

Treasurer(s)

NAME OF TREASURER
MARGARET CORTESE

MAILING ADDRESS
732 W. Vineyard Ave.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>OXNARD</u>	<u>CA</u>	<u>93036</u>	<u>805-983-6471</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 10-21-2010
 Executed on 10/21/2010
 Executed on _____
 Executed on _____

By M Cortese
 Signature of Treasurer or Assistant Treasurer

By Carmen Ramirez
 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

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>7/1/2010</u>	CALIFORNIA FORM 460
through <u>9/30/2010</u>	
Page <u>2</u> of <u>4</u>	I.D. NUMBER 1311210

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT CARMEN RAMIREZ TO OXNARD CITY COUNCIL 2010

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>23800.50</u>	\$ <u>33215.50</u>
2. Loans Received <i>Schedule B, Line 3</i>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>23800.50</u>	\$ <u>33215.50</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>0</u>	<u>187.44</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>23800.50</u>	\$ <u>33402.94</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	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>15811.68</u>	\$ <u>18849.00</u>
7. Loans Made <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>15811.68</u>	\$ <u>18849.00</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>1950</u>	<u>1950</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>17761.68</u>	\$ <u>20799.00</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 <i>Previous Summary Page, Line 16</i>	\$ <u>6648.12</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>23800.50</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>15811.68</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>14636.94</u>

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

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>1950</u>

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.

**Schedule E
Payments Made**

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

Statement covers period		CALIFORNIA FORM 460
from	7/1/2010	
through	9/30/2010	Page <u>3</u> of <u>4</u>
NAME OF FILER		I.D. NUMBER
COMMITTEE TO ELECT CARMEN RAMIREZ TO OXNARD CITY COUNCIL 2010		1311210

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT CARMEN RAMIREZ TO OXNARD CITY COUNCIL 2010

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)* | PCS 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
POLITICAL DATA P.O. BOX 1706 BURBANK, CA 91507	CNS	DATA ANALYSIS	423.86
SHOOTING STAR COMMUNICATIONS P.O. BOX 23397 FLAGSTAFF, AZ 86002	PRT	ADVERTISING	100

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

SUBTOTAL \$ 523.86

Schedule E Summary

- | | | |
|--|-----------------|---|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ | 15,524.50 |
| 2. Unitemized payments made this period of under \$100 | \$ | 287.18 203.44 <i>MC</i> |
| 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 \$ | 15,727.94
15,811.68 <i>MC</i> |

**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>7/1/2010</u>	CALIFORNIA FORM 460
through <u>9/30/2010</u>	
Page <u>4</u> of <u>4</u>	

NAME OF FILER COMMITTEE TO ELECT CARMEN RAMIREZ TO OXNARD CITY COUNCIL 2010	I.D. NUMBER 1311210
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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)
9/23/2010	Mary L Schwabauer 12681 Broadway Rd. Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	100	100	
9/23/2010	Barry Groveman 1 Wilshire Blvd. Los Angeles, CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Musick Peeler & Garrett, LLP	250	450	
7/30/2010	Carole Kurtz 8550 Mipolomol Malibu, CA 90625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	10	360	
8/13-9/12/2	<i>Roy</i> Roy Prince 674 Holly Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	3.50	303.50	<i>MC</i>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL\$ 363.50

*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