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.
   - ✅ Officeholder, Candidate Controlled Committee
   - ○ State Candidate Election Committee
   - ○ Recall
   (Also Complete Part 5)
   - □ General Purpose Committee
   ○ Sponsored
   ○ Small Contributor Committee
   ○ Political Party/Central Committee
   (Also Complete Part 6)
   - □ Primarily Formed Ballot Measure Committee
   ○ Controlled
   ○ Sponsored
   (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 465

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.

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
     OXNARD
   - STATE
     CA
   - ZIP CODE
     93030
   - AREA CODE/PHONE
     805-485-8026
   - 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

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 10/21/2010

Treasurer(s)
   - NAME OF TREASURER
     MARGARET CORTÉSE
   - MAILING ADDRESS
     732 W. Vineyard Ave.
     OXNARD
     CA
     93036
     805-983-6471
   - NAME OF ASSISTANT TREASURER, IF ANY

FPPC Form 460 (January06)
FPPC Toll-Free Helpline: 888/43K-FPPC (888/435-3772)
State of California
# Campaign Disclosure Statement
## Summary Page

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

### Statement covers period
- **From:** 7/1/2010
- **Through:** 9/30/2010

### COMMITTEE TO ELECT CARMEN RAMIREZ TO OXNARD CITY COUNCIL 2010

**NAME OF FILER**

<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A</th>
<th>Column B</th>
<th>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$23800.50</td>
<td>$33215.50</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$23800.50</td>
<td>$33215.50</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$23800.50</td>
<td>$33402.94</td>
</tr>
</tbody>
</table>

### Expenditures Made

| 6. Payments Made | Schedule E, Line 4 | $15811.68 | $18849.00 |
| 7. Loans Made | Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $15811.68 | $18849.00 |
| 10. Nonmonetary Adjustment | Schedule G, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $17761.68 | $20799.00 |

### Current Cash Statement

| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | $6648.12 |
| 13. Cash Receipts | Column A, Line 3 above | $23800.50 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | 0 |
| 15. Cash Payments | Column A, Line 8 above | $15811.68 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $14636.94 |

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 | $1950 |

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**CYF# 460**

**I.D. NUMBER**

1311210

**Summary Page 2 of 4**

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FPPC Form 460 (January/06)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT CARMEN RAMIREZ TO OXNARD CITY COUNCIL 2010

I.D. NUMBER

1311210

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FMD fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
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
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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLITICAL DATA</td>
<td>CNS</td>
<td>DATA ANALYSIS</td>
<td>423.86</td>
</tr>
<tr>
<td>P.O. BOX 1706</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BURBANK, CA 91507</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| SHOOTING STAR COMMUNICATIONS | PRT  | ADVERTISING            | 100         |
| P.O. BOX 23397              |      |                        |             |
| FLAGSTAFF, AZ 86002         |      |                        |             |

* 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

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 $ 15,811.68

FPPC Form 460 (January/06)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
Schedule A (Continuation Sheet)
Monetary Contributions Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/23/2010</td>
<td>Mary L Schwabauer 12681 Broadway Rd. Moorpark, CA 93021</td>
</tr>
<tr>
<td>9/23/2010</td>
<td>Barry Groveman 1 Wilshire Blvd. Los Angeles, CA 90017</td>
</tr>
<tr>
<td>7/30/2010</td>
<td>Carole Kurtz 8550 Mipolomol Malibu, CA 90625</td>
</tr>
<tr>
<td>8/13-9/12/2</td>
<td>Roy Prince 674 Holly Oxnard, CA 93036</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<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>✓ IND</td>
<td>none</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>✓ IND</td>
<td>Attorney, Musick Peeler &amp; Garrett, LLP</td>
<td>250</td>
<td>450</td>
<td></td>
</tr>
<tr>
<td>✓ IND</td>
<td>none</td>
<td>10</td>
<td>360</td>
<td></td>
</tr>
<tr>
<td>✓ IND</td>
<td>none</td>
<td>3.50</td>
<td>3903.50</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTALS** 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

CALIFORNIA FORM 460
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Statement covers period from 7/1/2010 through 9/30/2010

FPPC Form 460 (January/08)
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