

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Stamp: OCT 21 PM 3:29, CALIFORNIA FORM 460, Page 1 of 1, For Official Use Only

Statement covers period from 10/1/2010 through 10/16/2010. Date of election if applicable: 11/2/2010

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. [X] Officeholder, Candidate Controlled Committee

2. Type of Statement: [X] Pre-election Statement, [ ] Quarterly Statement, [ ] Special Odd-Year Report

3. Committee Information: COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE TO ELECT CARMEN RAMIREZ TO OXNARD CITY COUNCIL 2010

Treasurer(s): NAME OF TREASURER MARGARET CORTESE, MAILING ADDRESS 732 W. Vineyard Ave., OXNARD CA 93036

4. Verification: I have used all reasonable diligence in preparing and reviewing this statement... Executed on 10-21-2010, By [Signature]

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

|                            |            |
|----------------------------|------------|
| CALIFORNIA<br>FORM         | <b>460</b> |
| Page <u>2</u> of <u>11</u> |            |

**5. Officeholder or Candidate Controlled Committee**

|  |        |       |       |  |
|--|--------|-------|-------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE  |        |       |       |  |
| Carmen Ramirez   |        |       |       |  |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) |        |       |       |  |
| Oxnard City Council  |        |       |       |  |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)                              | CITY   | STATE | ZIP   |  |
| 528 Holly Ave.,  | Oxnard | CA    | 93036 |  |

**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.*

|                   |   |
|-------------------|---|
| COMMITTEE NAME    | I.D. NUMBER   |
|                   |   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|                   |   |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
|                   |   |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |
|                   |   |
| COMMITTEE NAME    | I.D. NUMBER   |
|                   |   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|                   |   |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
|                   |   |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |
|                   |   |

**6. Primarily Formed Ballot Measure Committee**

|   |                     |   |
|---|---------------------|---|
| NAME OF BALLOT MEASURE  |                     |   |
|   |                     |   |
| BALLOT NO. OR LETTER  | JURISDICTION        | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|   |                     |   |
| Identify the controlling officeholder, candidate, or state measure proponent, if any. |                     |   |
| NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT   |                     |   |
|   |                     |   |
| OFFICE SOUGHT OR HELD   | DISTRICT NO. IF ANY |   |
|   |                     |   |

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|                                   |                       |   |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

|   |   |
|---|---|
| Statement covers period<br>from <u>10/1/2010</u><br>through <u>10/16/2010</u> | CALIFORNIA<br>FORM <b>460</b><br>Page <u>3</u> of <u>11</u> |
| I.D. NUMBER<br>1311210  |   |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
COMMITTEE TO ELECT CARMEN RAMIREZ TO OXNARD CITY COUNCIL 2010

**Contributions Received**

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions ..... <i>Schedule A, Line 3</i>    | \$ <u>9694</u>   | \$ <u>42,909.50</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>9694</u>   | \$ <u>42,909.50</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>9694</u>   | \$ <u>43,096.94</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>6104.54</u> | \$ <u>24,953.54</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>6104.54</u> | \$ <u>24,953.54</u> |
| 9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i> | <u>0</u>          | <u>0</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>6104.54</u> | \$ <u>24,953.54</u> |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|  |                     |
|--|---------------------|
| 12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>             | \$ <u>14,636.94</u> |
| 13. Cash Receipts ..... <i>Column A, Line 3 above</i>                              | <u>9694</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>6104.54</u>      |
| 16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>18226.40</u>  |

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

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.

|  |             |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Part 2</i> | \$ <u>0</u> |
|--|-------------|

**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>0</u> |

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

|   |  |
|---|--|
| Statement covers period<br>from <u>10/1/2010</u><br>through <u>10/16/2010</u> | CALIFORNIA<br>FORM <b>460</b><br>Page <u>4</u> of <u>1</u> |
|---|--|

SEE INSTRUCTIONS ON REVERSE

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>COMMITTEE TO ELECT CARMEN RAMIREZ TO OXNARD CITY COUNCIL 2010</b> | I.D. NUMBER<br><b>1311210</b> |
|---|-------------------------------|

| 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) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 10/3/2010     | Das Williams for Assembly 2010<br>P.O. Box 41069<br>Sacramento, CA 95841  | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | ID# 1316591  | 100                         | 100   |                                    |
| 10/3/2010     | James N. Penrod<br>224 Bonita Ave.<br>Piedmont, CA 94611  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, Morgan Lewis   | 200                         | 200   |                                    |
| 10/4/2010     | Planned Parenthood Action Fund of Santa Barbara Ventura & San Luis Obispo PAC<br>518 Garden St., Santa Barbara CA 93101 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | ID# 1278950  | 500                         | 500   |                                    |
| 10/4/2010     | Shirley Thayer<br>848 Arbor Ave.<br>Ventura, CA 93003   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Adm. Law Judge,<br>Unemployment Appeals<br>Board, State of California                      | 100                         | 100   |                                    |
| 10/4/2010     | Irma Rodriguez Moisa<br>14663 La Cuarta St.<br>Whittier, CA 90605   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, Atkinson<br>Anderson Loya Rudd &<br>Romo   | 200                         | 200   |                                    |

**SUBTOTAL \$ 1100**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 8485
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 1209
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 9694

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

|   |   |
|---|---|
| Statement covers period<br>from <u>10/1/2010</u><br>through <u>10/16/2010</u>         | CALIFORNIA<br>FORM <b>460</b><br>Page <u>5</u> of <u>11</u> |
| NAME OF FILER<br><b>COMMITTEE TO ELECT CARMEN RAMIREZ TO OXNARD CITY COUNCIL 2010</b> |   |
| I.D. NUMBER<br><b>1311210</b>   |   |

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)    | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|--|---|---|-----------------------------|--|---------------------------------------|
| 10/15/2010    | James A. Valdez<br>622 W. Vineyard Ave.<br>Oxnard, CA 93036  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | none  | 50                          | 250  |                                       |
| 10/7/2010     | Jane M. Tolmach<br>856 Douglas Ave.<br>Oxnard, CA 93030  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | none  | 150                         | 400  |                                       |
| 10/5/2010     | Bert E. Perello<br>2391 Redwing Ln<br>Oxnard, CA 93036   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Mail Carrier, US Postoffice   | 75                          | 100  |                                       |
| 10/3/2010     | Libby L. Barrabee<br>4914 Island View St.<br>Oxnard, CA 93035                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, self employed, no dba   | 250                         | 350  |                                       |
| 10/15/2010    | Service Employees International Union Local 721<br>500 S. Virgil St. 2nd Fl., Los Angeles CA 90020 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | ID# 743794  | 4000                        | 4000   |                                       |

**SUBTOTAL \$ 4525**

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

|   |                               |
|---|-------------------------------|
| Statement covers period<br>from <u>10/1/2010</u><br>through <u>10/16/2010</u> | CALIFORNIA<br>FORM <b>460</b> |
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|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>COMMITTEE TO ELECT CARMEN RAMIREZ TO OXNARD CITY COUNCIL 2010</b> | I.D. NUMBER<br><b>1311210</b> |
|---|-------------------------------|

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 10/7/2010          | Robert Villanueva<br>141 Glacier Ave.<br>Oxnard, CA 93033                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | none   | 100                         | 100   |                                    |
| 10/70/2010         | Eloy Molina<br>3050 Mirmar, Oxnard, CA 93035   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, self employed,<br>no dba   | 100                         | 100   |                                    |
| 10/7/2010          | Gail Weller Brown<br>2101 Doral Court<br>Oxnard CA 93036                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | none   | 250                         | 250   |                                    |
| 10/7/2010          | Stephen A. Bennett<br>1851 Terrace Dr.<br>Ventura, CA 93001                                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Supervisor District 1,<br>County of Ventura  | 100                         | 100   |                                    |
| 10/8/2010          | Lisa Otero<br>3131 Harbor Blvd.<br>Oxnard, CA 93035  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Tai Chi Chih Instructor,<br>self employed dba Lisa<br>M. Otero                             | 200                         | 200   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>750</b>                  |   |                                    |

**\*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 A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

|   |                               |
|---|-------------------------------|
| Statement covers period<br>from <u>10/1/2010</u><br>through <u>10/16/2010</u> | CALIFORNIA<br>FORM <b>460</b> |
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|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>COMMITTEE TO ELECT CARMEN RAMIREZ TO OXNARD CITY COUNCIL 2010</b> | I.D. NUMBER<br><b>1311210</b> |
|---|-------------------------------|

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/15/2010         | Roz McGrath<br>788 N. Wood Rd.<br>Camarillo, CA 93010   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | none  | 60                          | 110  |                                       |
| 10/15/2010         | Eugene Fussell<br>660 Fernwood Dr.<br>Oxnard, CA 93030  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician, St. Johns<br>Regional Medical Center   | 500                         | 500  |                                       |
| 10/15/2010         | Eileen McCarthy<br>1623 Santa Ynex St.<br>Ventura, CA 93001                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, California Rural<br>Legal Assisyttance  | 100                         | 100  |                                       |
| 10/15/2010         | Pauline Weaver<br>38890 Altura<br>Fremont. CA 94536   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Public Defender,<br>Alameda County  | 100                         | 100  |                                       |
| 10/10/2010         | Irwin Miller<br>300 E. Esplanade Dr. Ste 1760<br>Oxnard, CA 93036                               | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, self employed<br>Law Office of Irwin Miller   | 100                         | 100  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>860</b>                  |  |                                       |

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>10/1/2010</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>10/16/2010</u>                        |                                |
| Page <u>8</u> of <u>11</u>                       |                                |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>COMMITTEE TO ELECT CARMEN RAMIREZ TO OXNARD CITY COUNCIL 2010</b> | I.D. NUMBER<br><b>1311210</b> |
|---|-------------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/15/2010    | Fred Rosenmund<br>162 S. A St.<br>Oxnard, CA 93030  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, self employed,<br>no dba  | 300                         | 800  |                                       |
| 10/15/2010    | Josephine Soliz<br>180 La Crescenta Cr.<br>Camarillo, CA 93010                                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician, Rose Ave.<br>Family Medical Group  | 100                         | 200  |                                       |
| 10/15/2010    | Manuel M. Lopez<br>141 S. A St. Ste 100<br>Oxnard, CA 93030                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Optometrist, self<br>employed, no dba   | 200                         | 300  |                                       |
| 10/15/2010    | Maria Diaz<br>2710 Moraine Way<br>Oxnard, CA 93030  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, self employed<br>no dba   | 50                          | 150  |                                       |
| 10/15/2010    | Ray LeDesma<br>4251 Harbour Island Lane<br>Oxnard, CA 93035                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | none  | 50                          | 225  |                                       |

**SUBTOTAL \$ 700**

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>10/1/2010</u><br>through <u>10/16/2010</u> | CALIFORNIA FORM <b>460</b> |
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|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>COMMITTEE TO ELECT CARMEN RAMIREZ TO OXNARD CITY COUNCIL 2010</b> | I.D. NUMBER<br><b>1311210</b> |
|---|-------------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/7/2010     | David Shain 998 Bright Star Circle<br>Thousand Oaks, CA 9136                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, Ferguson,<br>Case, Orr, Paterson Law<br>Firm  | 250                         | 350  |                                       |
| 10/8/2010     | Richard D. Jacquez<br>1300 Rachel Dr.<br>Oxnard, CA 93030                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Trustee, Oxnard Union<br>HSD  | 50                          | 150  |                                       |
| 10/6/2010     | Lisa H. Medina<br>252 S. F St.<br>Oxnard, CA 93030  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Attorney, self employed,<br>no dba  | 150                         | 150  |                                       |
| 10/14/2010    | Kristin J. Storey<br>950 Woodland Circle<br>Ojai, CA 93023                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Teacher, Oxnard School<br>District  | 100                         | 100  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |

**SUBTOTAL \$ 550**

\*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 E  
Payments Made**

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

|   |            |                               |
|---|------------|-------------------------------|
| Statement covers period                                       |            | CALIFORNIA<br>FORM <b>460</b> |
| from  | 10/1/2010  |                               |
| through   | 10/16/2010 | Page <u>10</u> of <u>11</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

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.                                  | 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)* | POS 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)                                  | CODE OR | DESCRIPTION OF PAYMENT                          | AMOUNT PAID                |
|--|---------|---|----------------------------|
| Graphic Systems West<br>1707 Santa Ynez St.<br>Ventura CA 93001                                      | LIT     | Graphic design - mailer, doorhanger, consulting | 1850.00                    |
| Shooting Star Communications<br>P.O. Box 22397<br>Flagstaff AZ 86002                                 | PRT     | Advertisement                                   | 100                        |
| Xpress Print & Copy<br>1302 Tower Square, Ste. 2<br>Ventura CA 93003                                 | OFC     | Printing envelopes                              | 154.80                     |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. |         |   | <b>SUBTOTAL \$ 2104.80</b> |

**Schedule E Summary**

|  |                 |   |
|--|-----------------|---|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$              | 5996.53                                     |
| 2. Unitemized payments made this period of under \$100 .....   | \$              | <del>108.01</del> 85.00 <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.) ..... | <b>TOTAL \$</b> | <del>6081.53</del> <b>6104.54</b> <i>MC</i> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>10/1/2010</u><br>through <u>10/16/2010</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|   | Page <u>11</u> of <u>11</u>    |
| I.D. NUMBER<br><b>1311210</b>   |                                |

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.

|  |  |  |
|--|--|--|
| <b>CMP</b> campaign paraphernalia/misc.                                  | <b>MBR</b> member communications                     | <b>RAD</b> radio airtime and production costs                        |
| <b>CNS</b> campaign consultants  | <b>MTG</b> meetings and appearances                  | <b>RFD</b> returned contributions                                    |
| <b>CTB</b> contribution (explain nonmonetary)*                           | <b>OFC</b> office expenses                           | <b>SAL</b> campaign workers' salaries                                |
| <b>CVC</b> civic donations   | <b>PET</b> petition circulating                      | <b>TEL</b> t.v. or cable airtime and production costs                |
| <b>FIL</b> candidate filing/ballot fees                                  | <b>PHO</b> phone banks                               | <b>TRC</b> candidate travel, lodging, and meals                      |
| <b>FND</b> fundraising events  | <b>POL</b> polling and survey research               | <b>TRS</b> staff/spouse travel, lodging, and meals                   |
| <b>IND</b> independent expenditure supporting/opposing others (explain)* | <b>POS</b> postage, delivery and messenger services  | <b>TSF</b> transfer between committees of the same candidate/sponsor |
| <b>LEG</b> legal defense   | <b>PRO</b> professional services (legal, accounting) | <b>VOT</b> voter registration  |
| <b>LIT</b> campaign literature and mailings                              | <b>PRT</b> print ads                                 | <b>WEB</b> information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT      | AMOUNT PAID |
|---|------|----|-----------------------------|-------------|
| Bulk Mail Facility<br>2901 Camino del Sol<br>Oxnard, CA 93030       | POS  |    | postage                     | 2708.96     |
| B&B Services<br>2401 Eastman Ave. Ste 25<br>Oxnard, CA 93030        | POS  |    | Mail house service          | 372.78      |
| USPS<br>1961 N. C St.<br>Oxnard, CA 93036                           | POS  |    | Postage stamps              | 132         |
| Political Data<br>P.O. Box 1706<br>Burbank, CA 91507                | CNS  |    | data analysis and equipment | 677.99      |
|   |      |    |                             |             |

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

**SUBTOTAL \$ 3891.73**