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)
   - [X] 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/Officerholder Committee (Also Complete Part 7)

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

3. Committee Information
   - I.D. NUMBER: 1301330
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
     Citizen's for a Safe & Prosperous Oxnard, Including Small Businesses, Public Safety Officials, Landowners and Taxpayers
   - STREET ADDRESS (NO P.O. BOX):
     1237 S. Victoria, #509
     OXNARD, CA 93035
   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:
     3699 WILSHIRE BLVD., #1290
     LOS ANGELES, CA 90010

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 01/18/2012
   - By: ____________________________ Date: ____________________________
   - By: ____________________________ Date: ____________________________
   - By: ____________________________ Date: ____________________________
   - By: ____________________________ Date: ____________________________
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) CITY STATE ZIP</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>COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY STATE ZIP CODE AREA CODE/PHONE</td>
<td></td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>JURISDICTION</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
<tr>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT |
| 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.

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

**Attach continuation sheets if necessary**
### Contributions Received

1. Monetary Contributions ........................................ Schedule A, Line 3 $ 0.00 $ 0.00
2. Loans Received .................................................. Schedule B, Line 3 $ 0.00 $ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS ......................... Add Lines 1 + 2 $ 0.00 $ 0.00
4. Nonmonetary Contributions ................................. Schedule C, Line 3 $ 0.00 $ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..................... Add Lines 3 + 4 $ 0.00 $ 0.00

### Expenditures Made

6. Payments Made .................................................. Schedule E, Line 4 $ 1,475.95 $ 2,757.65
7. Loans Made ....................................................... Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS ............................. Add Lines 6 + 7 $ 1,475.95 $ 2,757.65
9. Accrued Expenses (Unpaid Bills) ......................... Schedule F, Line 3 $ -656.90 $ 0.00
10. Nonmonetary Adjustment .................................. Schedule C, Line 3 $ 0.00 $ 0.00
11. TOTAL EXPENDITURES MADE ......................... Add Lines 8 + 9 + 10 $ 817.05 $ 2,757.65

### Current Cash Statement

12. Beginning Cash Balance ............................... Previous Summary Page, Line 16 $ 47,484.57
13. Cash Receipts .................................................. Column A, Line 3 above $ 0.00 $ 0.00
14. Miscellaneous Increases to Cash ......................... Schedule I, Line 4 $ 0.00 $ 0.00
15. Cash Payments .................................................. Column A, Line 8 above $ 1,475.95 $ 0.00
16. ENDING CASH BALANCE ................................ Add Lines 12 + 13 + 14, then subtract Line 15 $ 46,008.62

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

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents .............................................. See instructions on reverse $ 0.00
19. Outstanding Debts ............................................. Add Line 2 + Line 9 in Column B above $ 0.00

![Image](image_url)
## Schedule E Payments Made

**NAME OF FILER**
CITIZENS FOR A SAFE & PROSPEROUS OXNARD, INCLUDING SMALL BUSINESSES, PUBLIC SAFETY OFFICIALS, LANDOWNERS AND TAXPAYERS

**I.D. NUMBER**
13011139

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

- **GM:** campaign paraphernalia/misc.
- **CNS:** campaign consultants
- **CTB:** contribution (explain nonmonetary)*
- **CVC:** civic donations
- **FL:** candidate filing/ballot fees
- **PND:** fundraising events
- **ND:** independent expenditure supporting/opposing others (explain)*
- **LEG:** legal defense
- **LT:** campaign literature and mailings
- **MBR:** member communications
- **MTG:** meetings and appearances
- **OF:** office expenses
- **PET:** petition circulating
- **PHQ:** phone banks
- **POL:** polling and survey research
- **POS:** postage, delivery and messenger services
- **PRO:** professional services (legal, accounting)
- **PRT:** print ads
- **RA:** radio airtime and production costs
- **RF:** returned contributions
- **SA:** campaign workers' salaries
- **TE:** t.v. or cable airtime and production costs
- **TRC:** candidate travel, lodging, and meals
- **TRS:** staff/spouse travel, lodging, and meals
- **TS:** transfer between committees of the same candidate/sponsor
- **VT:** voter registration
- **WEB:** information technology costs (internet, e-mail)

### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>REED &amp; DAVIDSON, LLP</td>
<td>PRO</td>
<td></td>
<td>print ads</td>
<td>$177.85</td>
</tr>
</tbody>
</table>
| 3609 WILSHIRE BLVD, STE. 1290
  LOS ANGELES, CA 90010     |      |    |                         |             |
| REED & DAVIDSON, LLP      | PRO  |    | print ads               | $588.80     |
| 3609 WILSHIRE BLVD, STE. 1290
  LOS ANGELES, CA 90010     |      |    |                         |             |

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

**SUBTOTAL** $1,475.95

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $1,475.95
2. Unitemized payments made this period of under $100 $0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $1,475.95

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**FPCC Form 460 (January/05)**

FPCC Toll-Free Helpline: 800/ASK-FPCC (899/275-3772)
Schedule F
Accrued Expenses (Unpaid Bills)

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

Statement covers period from 07/01/2011 through 12/31/2011

CALIFORNIA FORM 460
Page 5 of 5

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
- CTR contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTC meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- PCS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- RPR radio airtime and production costs
- RRD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TSC candidate travel lodging, and meals
- TSP staff/spouse travel, lodging, and meals
- VOT voter registration
- WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>REED &amp; DAVIDSON, LLP</td>
<td>PRO</td>
<td>658.90</td>
<td>0.00</td>
<td>658.90</td>
<td>0.00</td>
</tr>
</tbody>
</table>

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

| SUBTOTALS $                  | 658.90 $                       | 0.00 $                                       | 658.90 $                        | 0.00 $                                       |

Schedule F Summary
1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.)................................................................. INCURRED TOTALS $ 0.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.)................................................................. PAID TOTALS $ 658.90

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)................................................................. NET $ -658.90

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