

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

**Amendment** (Explain Below)

Report covers period  
 from 01/01/2012  
 through 10/20/2012  
 Date of election if applicable:  
 (Month, Day, Year)

Date Stamp  
**CITY OF OXNARD**  
**CITY CLERK**  
 2012 OCT 29 P 1:04

**CALIFORNIA FORM 465**  
 Page 1 of 2  
 For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
 1352439

COMMITTEE/FILER'S NAME

Oxnard Coalition for Jobs and Transparency

STREET ADDRESS (NO P.O. BOX)

1237 S Victoria Ave #407

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93035	714-540-2295

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

Lysa Ray

MAILING ADDRESS

603 E Alton Ave STE H

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Ana	CA	92705	714-540-2295

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE

Bryan MacDonald

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

City Council Member Oxnard

SUPPORT

X

OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT

OPPOSE

## 3. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/11/2012	Bieber Communications 3609 W MacArthur Blvd #812 Santa Ana, CA 92704	LIT & POS	12,025.89	12,025.89

# Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		<b>CALIFORNIA FORM 465</b>
from	01/01/2012	
through	10/20/2012	Page <u>2</u> of <u>2</u>
NAME OF FILER Oxnard Coalition for Jobs and Transparency		I.D. NUMBER (If recipient com.) 1352439

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Oxnard Coalition for Jobs and Transparency

I.D. NUMBER (If recipient com.)  
1352439

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	12,025.89
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL \$</b>	12,025.89

## 5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER \_\_\_\_\_  
 ADDRESS (NO. AND STREET) \_\_\_\_\_  
 CITY STATE ZIP CODE \_\_\_\_\_

3) NAME OF FILING OFFICER \_\_\_\_\_  
 ADDRESS (NO. AND STREET) \_\_\_\_\_  
 CITY STATE ZIP CODE \_\_\_\_\_

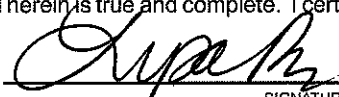
2) NAME OF FILING OFFICER \_\_\_\_\_  
 ADDRESS (NO. AND STREET) \_\_\_\_\_  
 CITY STATE ZIP CODE \_\_\_\_\_

4) NAME OF FILING OFFICER \_\_\_\_\_  
 ADDRESS (NO. AND STREET) \_\_\_\_\_  
 CITY STATE ZIP CODE \_\_\_\_\_

## 6. Verification

I certify that the "independent expenditure(s)" disclosed in this statement were not "made at the behest of" the candidate or committee that benefitted from the expenditure(s) as those terms are defined in Government Code Section 82031 and FPPC Regulation 18225.7. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 10/25/12  
DATE

By   
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT