

**Recipient Committee  
Campaign Statement  
Cover Page**

|  |                            |
|--|----------------------------|
| Date Stamp<br><b>JUL 28 2016</b><br><i>city clerk 5:40pm LM.</i> | <b>CALIFORNIA FORM 460</b> |
| Page <u>1</u> of <u>7</u>  |                            |
| For Official Use Only  |                            |

|  |  |
|--|--|
| Statement covers period<br>from <u>01/01/2016</u><br>through <u>06/30/2016</u> | Date of election if applicable:<br>(Month, Day, Year)<br>_____ |
|--|--|

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

|  |  |
|--|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><small>(Also Complete Part 5)</small>                     | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input checked="" type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input checked="" type="checkbox"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

|   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement     |
| <input checked="" type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

**3. Committee Information**

I.D. NUMBER: 96-1270

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):  
Oxnard Chamber of Commerce - PAC

STREET ADDRESS (NO P.O. BOX):  
400 E Esplanade Dr #302

|               |           |              |                     |
|---------------|-----------|--------------|---------------------|
| CITY          | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>Oxnard</u> | <u>CA</u> | <u>93036</u> | <u>805-983-6118</u> |

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

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|      |       |          |                 |

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER:  
Richard Favor

MAILING ADDRESS:  
400 E Esplanade Dr #302

|               |           |              |                     |
|---------------|-----------|--------------|---------------------|
| CITY          | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>Oxnard</u> | <u>CA</u> | <u>93036</u> | <u>805-983-6118</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 <u>July 28, 2016</u><br>Date | By <u>[Signature]</u><br>Signature of Treasurer or Assistant Treasurer  |
| Executed on _____<br>Date                | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor |
| Executed on _____<br>Date                | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent                                   |
| Executed on _____<br>Date                | By _____<br>Signature of Controlling Officeholder, Candidate, State Measure Proponent                                   |

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>01/01/2016</u><br>through <u>06/30/2016</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>2</u> of <u>7</u>      |
| I.D. NUMBER<br>96-1270   |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Oxnard Chamber of Commerce - PAC

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions ..... Schedule A, Line 3    | \$ <u>4220</u>   | \$ <u>4220</u>                             |
| 2. Loans Received ..... Schedule B, Line 3            | \$ <u>0</u>  | \$ <u>0</u>                                |
| 3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2  | \$ <u>4220</u>   | \$ <u>4220</u>                             |
| 4. Nonmonetary Contributions ..... Schedule C, Line 3 | \$ <u>0</u>  | \$ <u>0</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4 | \$ <u>4220</u>   | \$ <u>4220</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<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made ..... Schedule E, Line 4                   | \$ <u>800</u>  | \$ <u>800</u>                              |
| 7. Loans Made ..... Schedule H, Line 3                      | \$ <u>0</u>  | \$ <u>0</u>                                |
| 8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7             | \$ <u>800</u>  | \$ <u>800</u>                              |
| 9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3 | \$ <u>0</u>  | \$ <u>0</u>                                |
| 10. Nonmonetary Adjustment ..... Schedule C, Line 3         | \$ <u>0</u>  | \$ <u>0</u>                                |
| 11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10      | \$ <u>800</u>  | \$ <u>800</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 ..... Previous Summary Page, Line 16             | \$ <u>7588</u>  |
| 13. Cash Receipts ..... Column A, Line 3 above                              | \$ <u>4220</u>  |
| 14. Miscellaneous Increases to Cash ..... Schedule I, Line 4                | \$ <u>5</u>     |
| 15. Cash Payments ..... Column A, Line 8 above                              | \$ <u>800</u>   |
| 16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>11013</u> |

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

|   |          |
|---|----------|
| 17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 | \$ _____ |
|---|----------|

**Cash Equivalents and Outstanding Debts**

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

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 A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|                         |            |                                |
|-------------------------|------------|--------------------------------|
| Statement covers period |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                    | 01/01/2016 |                                |
| through                 | 06/30/2016 | Page <u>3</u> of <u>7</u>      |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Oxnard Chamber of Commerce - PAC

I.D. NUMBER

96-1270

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1/20/2016          | THRU INTERMEDIARY OXNARD CHAMBER<br>400 E ESPLANADE DR #302<br>OXNARD CA 93036                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 300                         |  |                                       |
| 1/31/2016          | ALL ARE VOLUNTARY CONTRIBUTIONS<br>FOR \$30 OR \$50 PER YEAR<br>NON EQUAL \$100 OR MORE         | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 720                         |  |                                       |
| 2/29/2016          | " " " " " "   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 630                         |  |                                       |
| 3/31/2016          | " " " " " "   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 480                         |  |                                       |
| 4/30/2016          | " " " " " "   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 810                         |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>2940</b>                 |  |                                       |

**Schedule A Summary**

|  |                 |             |
|--|-----------------|-------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                           | \$              | 0           |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....  | \$              | 4220        |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | <b>TOTAL \$</b> | <b>4220</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**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>01/01/2016</u><br>through <u>06/30/2016</u> | <b>CALIFORNIA FORM 460</b>    |
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NAME OF FILER

Oxnard Chamber of Commerce - PAC

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 5/31/2016          | THRU INTERMEDIARY OXNARD CHAMBER<br>400 E ESPLANADE DR #302<br>OXNARD CA 93036                  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 730                         |  |                                       |
| 6/30/2016          | ALL ARE VOLUNTARY CONTRIBUTIONS<br>FOR \$30 OR \$50 PER YEAR<br>NON EQUAL \$100 OR MORE         | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 550                         |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | <b>1280</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 D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D

|  |                               |
|--|-------------------------------|
| Statement covers period<br>from <u>01/01/2016</u><br>through <u>06/30/2016</u> | <b>CALIFORNIA FORM 460</b>    |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Oxnard Chamber of Commerce - PAC

| DATE               | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT  | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 5/9/2016           | Dave Grau for Ventura County Supervisor 2016<br>P.O. Box 983<br>Ventura, CA 93002-9808              | <input checked="" type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure | FPPC# 1379255             | 750                | 750   |                                    |
|                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                         |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure            |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |  |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |  |                           | <b>750</b>         |   |                                    |

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ 750
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL.. \$ 750

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|                                  |            |                                |
|----------------------------------|------------|--------------------------------|
| Statement covers period          |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from                             | 01/01/2016 |                                |
| through                          | 06/30/2016 | Page <u>6</u> of <u>7</u>      |
| NAME OF FILER                    |            | I.D. NUMBER                    |
| Oxnard Chamber of Commerce - PAC |            | 96-1270                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Oxnard Chamber of Commerce - PAC

I.D. NUMBER

96-1270

**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 |
|---|------|----|------------------------|-------------|
| California Secretary of State                                       | FIL  |    | Annual filing fee      | 50          |
|   |      |    |                        |             |
|   |      |    |                        |             |

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

**SUBTOTAL \$ 50**

**Schedule E Summary**

|  |                 |           |
|--|-----------------|-----------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$              | 50        |
| 2. Unitemized payments made this period of under \$100   | \$              | 0         |
| 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> | <b>50</b> |

**Schedule I  
Miscellaneous Increases to Cash**

Amounts may be rounded  
to whole dollars.

SCHEDULE I

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>01/01/2016</u><br>through <u>06/30/2016</u> | <b>CALIFORNIA<br/>FORM 460</b> |
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Oxnard Chamber of Commerce - PAC

I.D. NUMBER  
96-1270

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
| 6/30/2016     | Citizens Business Bank<br>2400 E. Gonzales Rd.<br>Oxnard CA 93036         | Interest               | 5                          |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 5**

**Schedule I Summary**

|   |                   |
|---|-------------------|
| 1. Itemized increases to cash this period. ....   | \$ 0              |
| 2. Unitemized increases to cash of under \$100 this period. ....  | \$ 5              |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e.)) .....                            | \$ 0              |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... | <b>TOTAL \$ 5</b> |