Recipient Committee
Campaign Statement
Cover Page

Date Stamp

CALIFORNIA FORM 460

Page 1 of 5
For Official Use Only

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
  ☐ (Not Complete Part I)

☐ General Purpose Committee
  ☐ Sponsored
  ☐ Small Contributor Committee
  ☐ Political Party/Center Committee

☐ Primarily Formed Ballot Measure Committee
  ☐ Controlled
  ☐ Sponsored
  ☐ (Also Complete Part I)

☐ Primarily Formed Candidate/Officeholder Committee
  ☐ (Also Complete Part I)

2. Type of Statement:

☐ Preliminary Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Special Election Report
☐ Amendment (Explain below)

3. Committee Information

I.D. NUMBER 1238320

3000 Green Ave
Oxnard, CA 93036

Treasurer(s)

NAME OF TREASURER
Orlando Dozier

MAILING ADDRESS
437 Forest Park Blvd
City
Oxnard
CA 93036
805-351-4770

NAME OF ASSISTANT TREASURER, IF ANY
n/a

MAILING 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
Date

By ________________________________
Signature of Officeholder, Candidate, or Delegate

Executed on
Date

By ________________________________
Signature of Controlling Officeholder, Candidate, or Delegate

Executed on
Date

By ________________________________
Signature of Controlling Officeholder, Candidate, or Delegate

Executed on
Date

By ________________________________
Signature of Controlling Officeholder, Candidate, or Delegate

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Orlando Dozier

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Oxnard City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
437 Forest Park Blvd 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 candidate.

COMMITTEE NAME

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS

STREET ADDRESS (NO. AND BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT

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

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A (TOTAL TO DATE)</th>
<th>Column B (TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th>Column A (TOTAL TO DATE)</th>
<th>Column B (TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule F, Line 3</td>
<td>$</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Current Cash Statement</th>
<th>Column A (TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>Column A, Line 3 above</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>Column A, Line 8 above</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
</tbody>
</table>

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Expenditure Limit Summary for State Candidates</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made*</td>
</tr>
<tr>
<td>Date of Election (mm/dd/yyyy)</td>
</tr>
<tr>
<td>/ / / /</td>
</tr>
<tr>
<td>/ / / /</td>
</tr>
</tbody>
</table>

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*Amounts in this section may be different from amounts reported in Column B.
### Schedule B – Part 1
**Loans Received**

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER NAME OF SPOUSE/EMPLOYED PERSON</th>
<th>OUTSTANDING BALANCE BEGGINING THIS PERIOD</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orlando Dozier</td>
<td>Lead Program Analysis</td>
<td>$500</td>
<td></td>
<td>$500</td>
<td>$0</td>
<td></td>
<td></td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>437 Forest Park Blvd, Oxnard, CA, 93036</td>
<td></td>
<td></td>
<td></td>
<td>$500</td>
<td></td>
<td></td>
<td></td>
<td>PER ELECTION**</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$500</td>
<td></td>
<td></td>
<td></td>
<td>$500</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$500</td>
<td></td>
<td></td>
<td></td>
<td>PER ELECTION**</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$500</td>
<td></td>
<td></td>
<td></td>
<td>$500</td>
</tr>
</tbody>
</table>

| SUBTOTALS $500 $                                |

**Schedule B Summary**

1. Loans received this period.......................................................... $500.00
   (Total Column b) plus unitemized loans of less than $100.

2. Loans paid or forgiven this period............................................. $0
   (Total Column c) plus loans under $100 paid or forgiven.
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ................... NET $500.00
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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Schedule B - Part 1

Statement covers period from July 18, 2016 through Sep 29, 2016

CALIFORNIA FORM 460

Page 4 of 5

I.D. NUMBER

1388320

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866)/275-3772
www.fppc.ca.gov
### Schedule E Payments Made

**NAME OF FILER**
Orlando Dazaer

**STATEMENT COVERS PERIOD**
from July 18, 2016
through Sep 20, 2016

**TAX IDENTIFICATION NUMBER**
1386320

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

- **MBR** member communications
- **MTG** meetings and appearances
- **OFC** office expenses
- **PET** petition circulatin
- **PHO** phone banks
- **POSI** polling and survey research
- **POG** postage, delivery and messenger services
- **PRO** professional services (legal, accounting)
- **PRT** print aids
- **RAD** radio, airtime and production costs
- **RPD** returned contributions
- **SAL** campaign workers’ salaries
- **TEL** TV or cable airtime and production costs
- **TRC** candidate travel, lodging, and meals
- **TRS** staff/expense 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 (OF COMMITTEE, ALSO ENTER T.D. NUMBER)</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nation Builder</td>
<td>WEB</td>
<td>Website</td>
<td>$90.00</td>
</tr>
<tr>
<td>Facebook</td>
<td>WEB</td>
<td>facebook ads</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

**SUBTOTAL $** $120.00

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals,)

   $ 120.00

2. Unitized payments made this period of under $100

   $ 120.00

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)).

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6).

   **TOTAL $** $120.00