Recipien Committee
Campaign Statement
Cover Page

Statement covers period
from 9/25/2016
through 10/22/2016

Date of election if applicable:
(Month, Day, Year)
11/08/2016

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)

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

2. Type of Statement:

✓ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

3. Committee Information

I.D. NUMBER
1389554

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE TO ELECT AL JONES OXNARD CITY TREASURER 2016

STREET ADDRESS (NO P.O. BOX)
5218 MOONSTONE WAY

CITY
OXNARD

STATE
CA

ZIP CODE
93035

AREA CODE/PHONE
805-607-9688

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

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 10/3/2016
Date

By
Signature of Treasurer or Assistant Treasurer

Executed on 10/24/2016
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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
Committee Campaign Statement
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee
NAME OF OFFICEHOLDER OR CANDIDATE
AL JONES
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CITY TREASURER OXNARD
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
5218 MOONSTONE WAY OXNARD CA 93035

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
N/A
NAME OF TREASURER
CONTROLLED COMMITTEE?
YES NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

6. Primarily Formed Ballot Measure Committee
NAME OF BALLOT MEASURE
N/A
BALLOT NO. OR LETTER JURISDICTION
N/A N/A

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

Attach continuation sheets if necessary
## Campaign Disclosure Statement

### Summary Page

**Amounts may be rounded to whole dollars.**

**Statement covers period**
from **9/25/2016**
through **10/22/2016**

**SUMMARY PAGE**

**COMMITTEE TO ELECT AL JONES OXNARD CITY TREASURER**

### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$4173.00</td>
<td>$10933.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$4173.00</td>
<td>$10933.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$595.00</td>
<td>$595.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$4768.00</td>
<td>$11528.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$1975.00</td>
<td>$8817.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$1975.00</td>
<td>$8817.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$2876.00</td>
<td>$2876.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$595.00</td>
<td>$595.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$5446.00</td>
<td>$12288.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$278.00</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$4173.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$175.00</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$1975.00</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$2651.00</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>$2876.00</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>$2876.00</td>
</tr>
</tbody>
</table>

---

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

- **Contributions Received** from **1/1 through 6/30**
- **Expenditures Made** from **7/1 to Date**

**Expenditure Limit Summary for State Candidates**

- **Cumulative Expenditures Made**
  - Date of Election (mm/dd/yy)
  - Total to Date

*Amounts in this section may be different from amounts reported in Column B.*

---

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/29/16</td>
<td>Robert Alexander 2296 Applewood Ln Santa Rosa Valley CA 93012</td>
<td>IND COM OTH PTY SCC</td>
<td>Owner Alexander Buick GMC</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>9/30/16</td>
<td>Vinco Enterprises Inc. 3653 Belmont Ln Oxnard CA 93030</td>
<td>IND COM OTH PTY SCC</td>
<td></td>
<td>975.00</td>
<td>975.00</td>
<td></td>
</tr>
<tr>
<td>9/28/16</td>
<td>Herman Alexander 930 Mesa Dr. Camarillo CA 93010</td>
<td>IND COM OTH PTY SCC</td>
<td>NEED OCCUPATION EMPLOYER</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>10/12/16</td>
<td>Maria Carmen Ramirez 831 Ivywood Dr Oxnard CA 93030</td>
<td>IND COM OTH PTY SCC</td>
<td>Self Employed Lawyer Oxnard Mayor Pro Tem</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>10/14/16</td>
<td>Applied Merchant Systems 26775 Malibu Hills Rd. Ste 200 Calabasas CA 91301</td>
<td>IND COM OTH PTY SCC</td>
<td></td>
<td>1000.00</td>
<td>1000.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2275.00</td>
<td></td>
</tr>
</tbody>
</table>

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .................................................. $ 3140.00
2. Amount received this period – unitemized monetary contributions of less than $100 $ 1033.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $ 4173.00

*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
<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
</table>
| 10/17/2016   | Jeff McKenzie  
13891 Bear Fence Ct  
Moorpark CA 93021 | ☑ IND  
☐ COM  
☐ OTH  
☐ PTY  
☐ SCC | Self/McKenzie Systems Engineering.  
Donated for TV purchase | 750.00 | 750.00 |  |
| 10/20/16     | Patricia Paumier  
1930 Westchester Ct  
Oxnard CA 93036 | ☑ IND  
☐ COM  
☐ OTH  
☐ PTY  
☐ SCC | Gift Shop worker  
St, Johns Hospital | 115.00 | 115.00 |  |

SUBTOTAL $ 865.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee
**Schedule C**

Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor</th>
<th>Contributor Code *</th>
<th>Description of Goods or Services</th>
<th>Amount/ Fair Market Value</th>
<th>Cumulative to Date Calendar Year (Jan 1 - Dec 31)</th>
<th>Per Election To Date (If Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/20/201</td>
<td>George Thompson Jewelers 309 W Ventura Blvd #D</td>
<td>□ IND, □ COM, □ OTH, □ PTY, □ SCC</td>
<td>Lady's yellow gold pearl &amp; diamond pendant</td>
<td>595.00</td>
<td>595.00</td>
<td></td>
</tr>
</tbody>
</table>

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).......................................................................................................................... $ 595.00

2. Amount received this period – unitemized nonmonetary contributions of less than $100 .......................................................................................................................... $ 0

3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).......................... TOTAL $ 595.00

*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

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

Amounts may be rounded to whole dollars.

Statement covers period from 9/25/2016 through 10/22/2016

NAME OF FILER
COMMITTEE TO ELECT AL JONES OXNARD CITY TREASURER

I.D. NUMBER
1389554

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
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
FND fundraising events
FND fundraising events
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE

NAME AND ADDRESS OF PAYEE

CODE OR DESCRIPTION OF PAYMENT

AMOUNT PAID

Rodney Medina-Media Professionals
636 N Ventura Rd
Port Hueneme CA 93041

LIT Post card mailers

558.00

D.Y. Entertainment
3149 S B Street
Oxnard CA 93033

FND DJ for La Dolce Vita Fundraiser

200.00

Best Buy
Rose Avenue
Oxnard CA

FND 60" Television for raffle

577.00

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

SUBTOTAL $ 1335.00

Schedule E Summary
1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 1435.00
2. Unitemized payments made this period of under $100. $ 540.00
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 $ 1975.00
## Schedule E (Continuation Sheet)

**Payments Made**

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>COMMITTEE TO ELECT AL JONES OXNARD CITY TREASURER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I.D. NUMBER 1389554</td>
</tr>
</tbody>
</table>

**Statement covers period**

- from 9/25/2016
- through 10/22/2016

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

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

**NAME AND ADDRESS OF PAYEE**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Dolce Vita</td>
<td>FND</td>
<td>Appetizers</td>
<td>100.00</td>
</tr>
<tr>
<td>740 S B St</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard CA 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 100.00
Schedule F  
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 9/25/2016 through 10/22/2016

COMMITTEE TO ELECT AL JONES OXNARD CITY TREASURER

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
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTO meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RDF returned contributions
- SAL campaign workers' salaries
- TEL TV or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</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>Al Jones 5218 Moonstone Wv Oxnard CA 93035</td>
<td>FIL</td>
<td>1300.00</td>
<td>0</td>
<td>0</td>
<td>1300.00</td>
</tr>
<tr>
<td>Al Jones 5218 Moonstone Wv Oxnard CA 93035</td>
<td>CMP &amp; LIT &amp; POS</td>
<td>1576.00</td>
<td>0</td>
<td>0</td>
<td>1576.00</td>
</tr>
</tbody>
</table>

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

SUBTOTALS $ 2876.00

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 $ 2876.00

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 $ 0

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 $ 2876.00

May be a negative number

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FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule I
### Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

**Statement covers period**
- From: 9/25/2016
- Through: 10/22/2016

**Committee to Elect Al Jones Oxnard City Treasurer**

**NAME OF FILER**

**NAME OF COMMITTEE TO ELECT AL JONES OXNARD CITY TREASURER**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tim Jones-Jones &amp; Maulding Insurance</td>
<td>Silent Auction winner Lady's pearl necklace</td>
<td>175.00</td>
</tr>
<tr>
<td></td>
<td>730 South B St #102</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oxnard CA 93030</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**I.D. NUMBER**

1389554

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

$175.00

### Schedule I Summary

1. Itemized increases to cash this period. .................................................. $175.00
2. Unitemized increases to cash of under $100 this period. ........................ $0
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.) ........................................... TOTAL $175.00