Recipient Committee
Campaign Statement
Cover Page

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)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributors Committee
☐ Political Party/Central Committee
☐ Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:
☐ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement (Also file a Form 410 Termination)
☐ Amendment (Explain below)
☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

Committee Name (OR CANDIDATE'S NAME IF NO COMMITTEE)
David Albanese For City Council 2016

STREET ADDRESS (NO P.O. BOX)
1933 South F Street

CITY
Oxnard

STATE
CA

ZIP CODE
93030

AREA CODE/PHONE
(805) 947-6370

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 10/26/16

Date

Executed on 10/26/16

Date

Executed on

Date

Executed on

Date

By Signature of Treasurer or Assistant Treasurer

By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Treasurer(s)

NAME OF TREASURER
David Albanese

MAILING ADDRESS
1933 South F Street

CITY
Oxnard

STATE
CA

ZIP CODE
93030

AREA CODE/PHONE
(805) 947-6370

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Albanese</td>
<td>City Council</td>
</tr>
<tr>
<td>Residential/Business Address (No. and Street)</td>
<td>City</td>
</tr>
<tr>
<td>1933 South F Street</td>
<td>Oxnard</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>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

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

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

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>
<th>SUPPORT</th>
<th>OPPOSE</th>
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<th>OPPOSE</th>
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<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Attach continuation sheets if necessary
## Contributions Received

1. Monetary Contributions ........................................ Schedule A, Line 3  
   $0  
   $0  

2. Loans Received....................................................... Schedule B, Line 3  
   $2,150  
   $2,150  

3. SUBTOTAL CASH CONTRIBUTIONS............................... Add Lines 1 + 2  
   $2,150  
   $2,150  

4. Nonmonetary Contributions..................................... Schedule C, Line 3  
   $0  
   $0  

5. TOTAL CONTRIBUTIONS RECEIVED.............................. Add Lines 3 + 4  
   $2,150  
   $2,150  

## Expenditures Made

6. Payments Made..................................................... Schedule E, Line 4  
   $2,050  
   $2,050  

7. Loans Made.......................................................... Schedule H, Line 3  
   $0  
   $0  

8. SUBTOTAL CASH PAYMENTS..................................... Add Lines 6 + 7  
   $2,050  
   $2,050  

9. Accrued Expenses (Unpaid Bills)............................ Schedule F, Line 3  
   $0  
   $0  

10. Nonmonetary Adjustment ....................................... Schedule C, Line 3  
    $0  
    $0  

11. TOTAL EXPENDITURES MADE .................................... Add Lines 8 + 9 + 10  
    $2,050  
    $2,050  

## Current Cash Statement

12. Beginning Cash Balance ....................................... Previous Summary Page, Line 16  
    $0  

13. Cash Receipts ..................................................... Column A, Line 3 above  
    $2,150  

14. Miscellaneous Increases to Cash ................................ Schedule I, Line 4  
    $0  

15. Cash Payments .................................................... Column A, Line 8 above  
    $2,050  

16. ENDING CASH BALANCE ........................................ Add Lines 12 + 13 + 14, then subtract Line 15  
    $100  
    
    If this is a termination statement, Line 16 must be zero.  

17. LOAN GUARANTEES RECEIVED................................. Schedule B, Part 2  
    $0  

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .................................................. See instructions on reverse  
    $2,150  

19. Outstanding Debts ............................................... Add Line 2 + Line 9 in Column B above  
    $2,150  

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

<table>
<thead>
<tr>
<th>Period</th>
<th>Contributions Received</th>
<th>Expenditures Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1 through 6/30</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>7/1 to Date</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

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

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 8 (if any).
### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 
2. Unitemized payments made this period of under $100 .................................................................................. $ 
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .................. $ 2,050 
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 

**SUBTOTAL $ 2,050**
Schedule B – Part 1

Loans Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

David Albanese for City Council

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

<table>
<thead>
<tr>
<th>LOAN</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2,150</td>
<td>0</td>
<td>0</td>
<td>2,150</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>PER ELECTION**</td>
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<td>CALENDAR YEAR</td>
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<td></td>
<td></td>
<td></td>
<td>CALENDAR YEAR</td>
</tr>
</tbody>
</table>

Schedule B Summary

1. Loans received this period ........................................................................................................................................................................... $ 0
2. Loans paid or forgiven this period ........................................................................................................................................................................... $ 2,150
3. Net change this period. (Subtract Line 2 from Line 1.) ........................................................................................................................................................................... NET $ (2,150)

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

** If required.

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