Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - Primarily Formed Ballot Measure Committee
   - Primarily Formed
   - Controlled
   - Sponsored
   - General Purpose Committee
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee

2. Type of Statement:
   - Preselection Statement
   - Semi-annual Statement
   - Termination Statement

3. Committee Information
   I.D. Number: 1389129
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Committee to Elect Sylvia Paniagua Oxnard City Clerk 2016

   STREET ADDRESS (NO P.O. BOX)
   1901 Spyglass Trail West

   CITY
   Oxnard

   STATE
   CA

   ZIP CODE
   93036

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

   MAILING ADDRESS
   1950 St. Andrews Ct.

   CITY
   Oxnard

   STATE
   CA

   ZIP CODE
   93036

   AREA CODE/PHONE
   805-485-0443

   NAME OF ASSISTANT TREASURER, IF ANY
   NAME
   sbecerra805@aol.com

   MAILING ADDRESS
   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 10/25/2016
   By Signature of Treasurer or Assistant Treasurer

   Executed on 11/8/2016
   By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   By Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on
   By Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 461 (Draft-August/114)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
5. **Officeholder or Candidate Controlled Committee**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Sylvia Paniagua</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>Seeking Oxnard City Clerk</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>1901 Spyglass Trail West, Oxnard, CA 93036</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>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</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 PROPONENT</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>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
## Contributions Received

<table>
<thead>
<tr>
<th>1. Monetary Contributions</th>
<th>Schedule A, Line 3</th>
<th>$2046</th>
<th>$7490</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$2046</td>
<td>$7490</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$2046</td>
<td>$7490</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>6. Payments Made</th>
<th>Schedule E, Line 4</th>
<th>$3363</th>
<th>$6448</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Loans Made</td>
<td>Schedule H, Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$3363</td>
<td>$6448</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$3363</td>
<td>$6448</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>12. Beginning Cash Balance</th>
<th>Previous Summary Page, Line 16</th>
<th>$2359</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Cash Receipts</td>
<td>Column A, Line 3 above</td>
<td>$2046</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
<td>0</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>Column A, Line 8 above</td>
<td>0</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td>$1042</td>
</tr>
</tbody>
</table>

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

## Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>18. Cash Equivalents</th>
<th>See instructions on reverse</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>20. Contributions Received</th>
<th>$7490</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Expenditures Made</td>
<td>$7490</td>
</tr>
</tbody>
</table>

## Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>22. Cumulative Expenditures Made*</th>
<th>(If Subject to Voluntary Expenditure Limit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Election</td>
<td>Total to Date</td>
</tr>
<tr>
<td>/ /</td>
<td>$</td>
</tr>
<tr>
<td>/ /</td>
<td>$</td>
</tr>
<tr>
<td>/ /</td>
<td>$</td>
</tr>
</tbody>
</table>

*Since January 1, 2001: 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 9 (if any).
## Schedule A
### Monetary Contributions Received

**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**
Committee to Elect Sylvia Paniagua Oxnard City Clerk 2016

**DATE RECEIVED** | **FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)** | **CONTRIBUTOR CODE ** | **IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)** | **AMOUNT RECEIVED THIS PERIOD** | **CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)** | **PER ELECTION TO DATE (IF REQUIRED)** |
--- | --- | --- | --- | --- | --- | --- |
10/16/2016 | Carmen Ramos-Soriano 1204 N 5th Street, Pt Hueneme, CA 93041 | ☑ IND | Banker City National Bank | 80 | 130 |  |
10/16/2016 | Cindy Madrigal 950 W. Poplar Street, Oxnard, CA 93033 | ☑ IND | Admin City of Santa Paula | 30 | 130 |  |
10/16/2016 | Christy Franco 413 E Iris St., Oxnard, CA 93033 | ☑ IND | Banker Union Bank | 50 | 150 |  |
10/16/2016 | Suzanne Becerra 1950 St. Andrews Ct., Oxnard, CA 93036 | ☑ IND | Banker City National Bank | 60 | 160 |  |
10/16/2016 | Michele Grindstaff 841 Calle Canon, Camarillo, CA 93012 | ☑ IND | Banker City National Bank | 60 | 135 |  |

**SUBTOTAL $ 280**

### Schedule A Summary
1. Amount received this period — contributions of $100 or more.  
   (Include all Schedule A subtotals.)  
   $ 530
2. Amount received this period — unitized contributions of less than $100  
   $ 1516
3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)  
   **TOTAL $ 2046**

*Contributor Codes*
- IND — Individual
- COM — Recipient Committee (other than PTY or SCC)
- OTH — Other (e.g., business entity)
- PTY — Political Party
- SCC — Small Candidate Committee

FPPC Form 460 (Draft-August/04)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275/3772)
**Schedule A (Continuation Sheet)**  
Monetary Contributions Received

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<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>
<tbody>
<tr>
<td>Committee To Elect Sylvia Paniagua Oxnard City Clerk 2016</td>
<td>10/16/2016</td>
<td>Pamela Cady  3102 Brookwood Ln., Oxnard, CA 93036</td>
<td>IND</td>
<td>Retired</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10/16/2016</td>
<td>Connie Perez  1412 W Beverly Drive, Oxnard, CA 93030</td>
<td>IND</td>
<td>Self-Employed Connie Perez Family Day Care</td>
<td>50</td>
<td>110</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10/2/2016</td>
<td>Sagrario Hernandez  1333 Vida Drive, Oxnard, CA 93030</td>
<td>IND</td>
<td>Property Supervisor Oxnard Police Department</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $** 250

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

Statement covers period from 09/25/2016 through 10/22/2016

PPC form 460 (Draft-August/04)  
PPC Toll-Free Helpline: 866/ASK-FPPC (866/275/3772)
### Schedule E

**Payments Made**

See instructions on reverse.

**NAME OF FILER**
Committee to Elect Sylvia Paniagua, Oxnard City Clerk 2016

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

- **CMP** campaign paraphernalia/misc.
- **ONS** campaign consultants
- **CTB** contribution (explain nonmonetary)*
- **CVC** civic donations
- **FIL** candidate filing/ballot fees
- **RND** 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)
- **PRT** print ads
- **RAD** radio airtime and production costs
- **RFD** returned contributions
- **SAL** campaign workers' salaries
- **TEL** t.v. 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)

**NAME AND ADDRESS OF PAYEE**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE or DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>
| Knights of Columbus, Council 750  
600 South D Street, Oxnard, CA 93030 | PRT | 150 |
| Eazel Printing  
1211 Deckside Drive, Oxnard, CA 93035 | CMP | 1242 |
| Beyond Gravity Media  
530 E. Los Angeles Avenue, Ste 115-217, Moorpark, CA 93021 | Social media management, Flyer Handouts - Design and Printing | 1864 |

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

**Schedule E Summary**

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.) $ 3256
2. Unitemized payments made this period of under $100 $ 107
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 5
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 3363

**SUBTOTAL** $ 3256

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**FPPC Form 460 (August/04)**

FPPC Toll-Free Helpline: 866/ASK-FPPC