Recipient Committee
Campaign Statement
Cover Page

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

Date of election if applicable:
(Month, Day, Year)

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
  - Primarily Formed Candidate/Officeholder Committee
    (Also Complete Part 7)

2. Type of Statement:
- Preelection Statement
- Semi-annual Statement
- Termination Statement
  (Also file a Form 410 Termination)
- Amendment (Explain below)

3. Committee Information

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>1389915</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)</td>
<td>Committee to Elect Peter De Domenico as Oxnard City Clerk 2016</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td>1024 Corte Primavera</td>
</tr>
<tr>
<td>CITY</td>
<td>Oxnard</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>93036</td>
</tr>
<tr>
<td>AREA CODE/PHONE</td>
<td>805-479-8690</td>
</tr>
<tr>
<td>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>Oxnard</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
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<td>93036</td>
</tr>
<tr>
<td>AREA CODE/PHONE</td>
<td>805-479-8690</td>
</tr>
<tr>
<td>NAME OF ASSISTANT TREASURER, IF ANY</td>
<td></td>
</tr>
<tr>
<td>Optional: FAX / E-MAIL ADDRESS</td>
<td><a href="mailto:peter.dedeomenico@gmail.com">peter.dedeomenico@gmail.com</a></td>
</tr>
</tbody>
</table>

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 10/27/16
By
Signature of Treasurer or Assistant Treasurer

Executed on 10/27/16
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

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5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Residential/Business Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code/Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peter DeDomenico</td>
<td>1024 Corte Primavera</td>
<td>Oxnard</td>
<td>CA</td>
<td>93030</td>
<td></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>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
</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>
</table>

<table>
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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 $1571  
2. Loans Received ................................................................ Schedule B, Line 3 $2000  
3. **SUBTOTAL CASH CONTRIBUTIONS**  
   Add Lines 1 + 2 $3571  
4. Nonmonetary Contributions............................................ Schedule C, Line 3 $0  
5. **TOTAL CONTRIBUTIONS RECEIVED**  
   Add Lines 3 + 4 $3571

## Expenditures Made

6. Payments Made................................................................ Schedule E, Line 4 $4002.04  
7. Loans Made....................................................................... Schedule H, Line 3 $0  
8. **SUBTOTAL CASH PAYMENTS**  
   Add Lines 6 + 7 $4002.04  
9. Accrued Expenses (Unpaid Bills)................................. Schedule F, Line 3 $0  
10. Nonmonetary Adjustment............................................. Schedule C, Line 3 $0  
11. **TOTAL EXPENDITURES MADE**  
   Add Lines 8 + 9 + 10 $4002.04

## Current Cash Statement

12. **Beginning Cash Balance**  
   Previous Summary Page, Line 16 $2139.01  
13. Cash Receipts .............................................................. Column A, Line 3 $3571.00  
14. Miscellaneous Increases to Cash  
   Schedule I, Line 4 $0  
15. Cash Payments ............................................................ Column A, Line 8 $4002.04  
16. **ENDING CASH BALANCE**  
   Add Lines 12 + 13 + 14, then subtract Line 15 $1707.97  
   *If this is a termination statement, Line 16 must be zero.*

## Cash Equivalents and Outstanding Debts

18. **Cash Equivalents**  
   See instructions on reverse $0  
19. Outstanding Debts ...................................................... Add Line 2 + Line 9 in Column B above $0

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

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1 through 6/30</td>
<td>7/1 to Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contributions Received</th>
</tr>
</thead>
</table>
| $1571  
| $2000  
| $3571  
| $0  
| $3571 |

<table>
<thead>
<tr>
<th>Expenditures Made</th>
</tr>
</thead>
</table>
| $4002.04  
| $0  
| $4002.04  
| $0  
| $4002.04 |

**Expenditure Limit Summary for State Candidates**

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>mm/dd/yyyy</td>
<td>$----------</td>
</tr>
</tbody>
</table>

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

---

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FPPC: (866) 275-3772  
www.fppc.ca.gov
### Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) ...............................................................$ \(1125\)  

2. Amount received this period – unitemized monetary contributions of less than $100 ..............$ \(446\)  

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $ \(1571\)

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

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www.fppc.ca.gov
## Schedule B – Part 1
### Loans Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Name of Filer</th>
<th>Full Name, Street Address and Zip Code of Lender</th>
<th>If an Individual, Enter Occupation and Employer (If Self-Employed, Enter Name of Business)</th>
<th>Outstanding Balance Beginning 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>
</table>
| Committee to Elect Peter DeBomenico | Steven Ortiz, 3663 Belmont Lane, Oxnard, CA 93036 | Longshore Workers Pacific Maritime Association | $0 | $2,000 | $2,000 | N/A | N/A | $7,000 | $7,000 **

### Schedule B Summary

1. Loans received this period ................................................................. $2,000 (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .................................................. $ (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 $2,000

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

** If required.

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## Schedule E
### Payments Made

**NAME OF FILER**
Committee to Elect Peter DeDomenico as Oxnard City Clerk 2016

**I.D. NUMBER**
1389715

**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>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIT</td>
<td>member communications</td>
<td>$2358.74</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
<td>$1367.62</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
<td>$150</td>
</tr>
</tbody>
</table>

**NAME AND ADDRESS OF PAYEE**

1. **1st Impression**
   1323 W. Gonzalez Rd.
   Oxnard, CA 93036

2. **B & B Mailing Service**
   2401 Eastern Ave Ste 25
   Oxnard, CA 93036

3. **Mail Chimp**
   607 The Rocket Science Corp
   675 Avenue De Leon Ave NE
   Atlanta, GA 30308

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

**SUBTOTAL** $38,763.8

### Schedule E Summary

1. **Itemized payments made this period. (Include all Schedule E subtotals.)** $38,763.8

2. **Unitemized payments made this period of under $100.** $125.6

3. **Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)** $4,002.04

4. **Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)** $40,992.5

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