

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Received Oxnard City Clerk Date Stamp OCT 28 AM 10:04	CALIFORNIA FORM 460
	Page <u>1</u> of <u>10</u> For Official Use Only

Statement covers period from <u>9/25/2016</u> through <u>10/22/2016</u>	Date of election if applicable (Month, Day, Year) <u>2016</u> <u>11/8/2016</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small>

<input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small>

<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |
|---|---|

2. Type of Statement:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1387287

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
MIGUEL LOPEZ FOR MAYOR 2016

STREET ADDRESS (NO P.O. BOX)
1237 S. Victoria Ave. #191

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93035	(805) 889-8169

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Eva E. Lopez

MAILING ADDRESS
1237 S. Victoria Ave. #191

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93035	(805) 889-8169

NAME OF ASSISTANT TREASURER, IF ANY
John Albin

MAILING ADDRESS
249 Calle Larios

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Camarillo	CA	93010	(805) 660-1198

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 10/27/16
Date

Executed on 10/27/16
Date

Executed on _____
Date

Executed on _____
Date

By Eva E. Lopez
Signature of Treasurer or Assistant Treasurer

By [Signature]
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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

CALIFORNIA FORM	460
Page <u>2</u> of <u>10</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
MIGUEL LOPEZ FOR OXNARD MAYOR 2016

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1237 S. Victoria Ave. #191 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	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>8/25/2019</u> through <u>10/22/2016</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>10</u>	I.D. NUMBER <u>1387287</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
MIGUEL LOPEZ FOR OXNARD MAYOR 2016

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3	\$ <u>15464</u>	\$ <u>42593.75</u>
2. Loans Received.....	Schedule B, Line 3	\$ <u>0</u>	\$ <u>2074.14</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ <u>15464</u>	\$ <u>44667.89</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$ <u>750</u>	\$ <u>1254.60</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ <u>16214</u>	\$ <u>45922.49</u>

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made.....	Schedule E, Line 4	\$ <u>5794.21</u>	\$ <u>41821.13</u>
7. Loans Made.....	Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ <u>5794.21</u>	\$ <u>41821.13</u>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ <u>5794.21</u>	\$ <u>41821.13</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ <u>-6823.03</u>
13. Cash Receipts.....	Column A, Line 3 above	\$ <u>15464</u>
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	\$ _____
15. Cash Payments.....	Column A, Line 8 above	\$ <u>5794.21</u>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2846.76</u>

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

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).

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ _____
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ _____
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ <u>2074.14</u>

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>8/25/2019</u> through <u>10/22/2016</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>10</u>
	I.D. NUMBER <u>1387287</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

MIGUEL LOPEZ FOR OXNARD MAYOR 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)
	-- SEE ATTACHED --	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$	<u>14680</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$	<u>784</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	TOTAL \$	<u>15464</u>

*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

Campaign Contributions 2016

Period of 9/25/16 - 10/22/16

Date	Contributor	Contributor Code	Employer	Unitemized	Check	Cumulative
09/26/16	Cal Fire Local 2881 #790318 Political Action Committees 1731 J Street, Suite 100 Sacramento, CA 95811	COM			\$ 1,000.00	
09/28/16	Julie Hornett 3055 Kelp Lane Oxnard, CA 93035	IND	State Compensation Ins. Fund	PayPal	\$ 100.00	
09/30/16	Peace Officers Research Association of California Political Action Committee (PORAC PAC) #810830 4010 Truxel Road Sacramento, CA 95834-3725	COM			\$ 2,500.00	
10/01/16	Santa Barbara City Firefighters Assoc. Inc. Political Action Committee #1387287 P.O. Box 1260 Santa Barbara, CA 93102-1260	COM			\$ 500.00	
10/02/16	Ivan Chacon 2010 Lincoln Court Oxnard, CA 93030	IND	Broker Truth Realty	PayPal	\$ 200.00	
10/05/16	Shea Properties Management Co., Inc. 130 Vantis Suite 200 Aliso Viejo, CA 92656	COM			\$ 2,500.00	
10/05/16	Shea Properties Management Co., Inc. 130 Vantis Suite 200 Aliso Viejo, CA 92656	COM			\$ 2,500.00	\$ 5,000.00
10/06/16	Eduardo Miranda 2600 Pyrite Pl. Oxnard, CA 93030-8603	IND	Commander City of Oxnard	ck. #7526	\$ 100.00	\$ 590.00
10/07/17	Darlene M. Gonzalez P. O. Box 52512 Oxnard, CA 93031-2512	IND	Retired	Ck. #1626	\$ 100.00	

Date	Contributor	Contributor Code	Employer	Unitemized	Check	Cumulative
10/09/16	Manuel Botello & Isabel M. Botello 20834 Apache Way Walnut, CA 91789-1299	IND	Retired	ck #1579	\$ 100.00	\$ 325.00
10/09/16	Joanne Olivares 2304 Mint Way Oxnard, CA 93036-6273	IND	Admin. Assistant Oxnard Elementary School District	ck. #139	\$ 40.00	\$ 260.00
10/10/16	Barbara Ortiz 238 San Clemente St. Santa Barbara, CA 93109	IND	Retired	ck. #244	\$ 100.00	
10/11/16	Priscilla Herrera 1424 Ebb Ct. Oxnard, CA 93035	IND	Retired - but works part-time at Gold Coast Transit	ck #425	\$ 100.00	
10/11/16	Peter Flemming 1041 Mandalay Beach Rd. Oxnard, CA 93035	IND	Retired	ck. #1584	\$ 100.00	
10/11/16	Building Industry Association of Southern CA PAC Restricted #741733 c/o Reed & Davidson LLP 515 South Figueroa St., Ste. 1110 Los Angeles, CA 90071	COM		ck. #4544	\$ 500.00	
10/11/16	Crystal Walker 1465 Marsella Drive Oxnard, CA 93030	IND	Detective City of Oxnard	Ck. #0319	\$ 250.00	\$ 350.00
10/11/16	Levity Live Comedy Club 591 Collection Blvd. Oxnard, CA 93036	OTH		Ck #1126	\$ 240.00	
10/11/16	Sandra Jacinto 341 Occidental Dr. Oxnard, CA 93030	IND	Administrative Assistant City of Oxnard	PayPal	\$ 100.00	
10/12/16	Beverly J. Cripps 1301 Rachel Dr. Oxnard, CA 93030	IND		Ck. 1210	\$ 100.00	
10/12/16	Oxnard Police Officers Association 251 S. C St. Oxnard, CA 93030 #850-242	COM			\$ 500.00	\$ 2,500.00

Date	Contributor	Contributor Code	Employer	Unitemized	Check	Cumulative
10/14/16	Ventura City Firefighters Assoc. for a Better Community PMB 185 9452 Telephone Rd. Ventura, CA 93004	COM			\$ 1,000.00	
10/15/16	Lynnette Lynn Raya 844 Empire Ave. Ventura, CA 93003	IND	Administrative Assistant City of Oxnard		\$ 100.00	
10/17/16	Laura Gallardo 3131 Isle Way Oxnard, CA 93035	IND	Retired Educator		\$ 100.00	
10/17/16	Aurora Becerra	OTH	Legal & Secretarial Services of Ventura		\$ 100.00	
10/20/16	Jose Luis Morales	OTH	Broker Morales Group Real Estate	PayPal	\$ 50.00	\$ 250.00
10/22/16	Charles and Marjorie Cole	IND		PayPal	\$ 200.00	
10/22/16	Southern California District Council of Laborers (LIUNA) 4399 Santa Anita Ave., Ste. 205 El Monte, CA 91731 #1358150	COM			\$ 750.00	\$ 1,500.00
10/21/16	Magnavino Cellars 961 North Rice Ave. #5 Oxnard, CA 93030	OTH			\$ 250.00	
10/21/16	Elite General Engineering Inc. P.O. Box 5090 Ventura, CA 93005	OTH		Ck. #4927	\$ 500.00	

\$ 14,680.00

Itemized: \$ 14,680.00 > \$15,464
 Unitemized: \$ 784.00

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>8/25/2019</u> through <u>10/22/2016</u>		CALIFORNIA FORM 460
NAME OF FILER MIGUEL LOPEZ FOR OXNARD MAYOR 2016		I.D. NUMBER 1387287

SEE INSTRUCTIONS ON REVERSE

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/16	Magnavino Cellars 961 N. Rice Ave. #5 Oxnard, CA 93030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Meet and Greet with food and refreshments	600	600	
10/21/16	Don Chente Restaurant 2131 N. Oxnard Blvd. Oxnard, CA 93036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Food for Magnavino Event	150	150	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 750

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$	<u>750</u>
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$	<u>0</u>
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 \$	<u>750</u>

***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

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>8/25/2019</u>	CALIFORNIA FORM 460
through <u>10/22/2016</u>	
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I.D. NUMBER <u>1387287</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
--SEE ATTACHED--				

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$ <u>5,556.80</u>
2. Unitemized payments made this period of under \$100.....	\$ <u>237.41</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$ <u>—</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	TOTAL \$ <u>5,794.21</u>



Campaign Payments Made 2016
Period of 9/25/16 - 10/22/16

Date	Vendor	Code	Description	Amount Paid
09/27/26	City of Oxnard Recreation Department Pacific Ave. Oxnard, CA 93030	MTG		\$ 1,400.00
09/27/16	Levity Live The Collection Oxnard, CA 93030	FND		\$ 700.00
09/28/16	The Home Depot	CMP		\$ 6.05
09/30/16	The Home Depot	CMP		\$ 28.11
09/30/10	Rabobank Maintenance Fee	OFC		\$ 12.00
09/30/10	Rabobank Maintenance Fee Labor, Agriculture and Business 1672 Donlon St.	OFC		-\$ 12.00
10/02/16	Ventura, CA 93003 RG Pacific LLC 611 S. Catalina St., Unit 222	MTG		\$ 300.00
10/06/16	Los Angeles, CA 90005 RG Pacific LLC 611 S. Catalina St., Unit 222	WEB		\$ 696.20
10/07/16	Los Angeles, CA 90005	WEB		\$ 304.00

Date	Vendor	Code	Description	Amount Paid
10/07/16	Vanguard Print Design 220 Bernoulli Circle Oxnard, CA 93030	LIT		\$ 485.00
10/07/16	Vanguard Print Design 220 Bernoulli Circle Oxnard, CA 93030	LIT		\$ 66.87
10/07/16	Vanguard Print Design 220 Bernoulli Circle Oxnard, CA 93030	LIT		\$ 199.00
10/12/16	Firefighters Print & Design 1780 Creekside Oaks Drive Sacramento, CA 95833	LIT		\$ 1,212.04
10/14/16	Smart & Final Costco 2001 E. Ventura Blvd. Oxnard, CA 93030	MTG		\$ 36.53
10/14/16		MTG		\$ 113.73
10/17/16	The Home Depot	CMP		\$ 23.27
		MTG		\$ 40.45
		MTG		\$ 4.30
10/18/16	City of Oxnard PayPal 2211 N. First St. San Jose, CA 95131	OFC		\$ 19.83
10/01/16		OFC		\$ 158.83
				\$ 5,794.21