Recipient Committee
Campagne Statement
Cover Page

Statement covers period
10-23-2016
from
through
11-9-2016

Date of election if applicable:
2016 NOV 10 PM 4:06

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 Contributor Committee
  ○ Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- (Also Complete Part 6)
- 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)

NAME OF TREASURER
Mellisa Stevens-Colon

MAILING ADDRESS
1901 Hoiser Walk Suite 310
Oxnard CA 93036

STATE ZIP CODE AREA CODE/PHONE
CA 93036 805 8157

3. Committee Information
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Armando Sepulveda

STREET ADDRESS (NO P.O. BOX)
901 Ebony Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030

Mailing Address (If different) No. and Street or P.O. Box

Mailing Address (If different) No. and Street or P.O. Box

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 11-8-2016
By

Executed on
By

Executed on
By

Executed on
By

Treasurer(s)
NAME OF TREASURER
Mellisa Stevens-Colon

MAILING ADDRESS
1901 Hoiser Walk Suite 310
Oxnard CA 93036

STATE ZIP CODE AREA CODE/PHONE
CA 93036 805 8157

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 (856/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Armando Sequelveda
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): Mayor of Oxnard
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET): 901 Ebony Drive
CITY: Oxnard
STATE: CA
ZIP CODE: 93030

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.

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER
JURISDICTION
SUPPORT
OPPOSE

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
### Contributions Received

1. Monetary Contributions............................... Schedule A, Line 3 $950.00 $3,850
2. Loans Received.......................................... Schedule B, Line 3 $950.00 $3,850
3. SUBTOTAL CASH CONTRIBUTIONS................... Add Lines 1 + 2 $950.00 $3,850
4. Nonmonetary Contributions........................... Schedule C, Line 3 $950.00 $3,850
5. TOTAL CONTRIBUTIONS RECEIVED.................... Add Lines 3 + 4 $950.00 $3,850

### Expenditures Made

6. Payments Made.......................................... Schedule E, Line 4 $950.00 $950.00
7. Loans Made................................................ Schedule H, Line 3 $950.00 $950.00
8. SUBTOTAL CASH PAYMENTS------------------------ Add Lines 6 + 7 $950.00 $950.00
9. Accrued Expenses (Unpaid Bills).................. Schedule F, Line 3 $950.00 $950.00
10. Nonmonetary Adjustment............................. Schedule C, Line 3 $950.00 $950.00
11. TOTAL EXPENDITURES MADE.......................... Add Lines 8 + 9 + 10 $950.00 $950.00

### Current Cash Statement

12. Beginning Cash Balance.............................. Previous Summary Page, Line 16 $4,841.15
13. Cash Receipts........................................... Column A, Line 3 above $950.00
14. Miscellaneous Increases to Cash.................. Schedule I, Line 4 $950.00
15. Cash Payments........................................... Column A, Line 6 above $950.00
16. ENDING CASH BALANCE................................. Add Lines 12 + 13 + 14, then subtract Line 15 $4,841.15

*If this is a termination statement, Line 15 must be zero.

### 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

   / / / $ 

   / / / $ 

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

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**CALIFORNIA FORM 460**

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule A Summary

1. **Amount received this period – itemized monetary contributions.**
   (Include all Schedule A subtotals.) ........................................................... $ **950.00**

2. **Amount received this period – unitemized monetary contributions of less than $100** ..............................................

3. **Total monetary contributions received this period.**
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................................. **TOTAL** $ **950.00**
### Schedule E Payments Made

Name of Filer: Armando Sepulveda

**See Instructions on Reverse Page**

**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
- **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)
- **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)

**PAYEE**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventura County Star</td>
<td>PRT</td>
<td>Web/Ad Print</td>
<td>$500.00</td>
</tr>
<tr>
<td>Truck Rental (Fred)</td>
<td>CMP</td>
<td>Truck</td>
<td>$150.00</td>
</tr>
<tr>
<td>Frankie's Printing &amp; Designs</td>
<td>CMP</td>
<td>Banners/Signs</td>
<td>$300.00</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $ 950.00**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ................................................................. $ 950.00
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).) ................................................. TOTAL $ 950.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .................. TOTAL $ 950.00

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