Major Donor and
Independent Expenditure Committee
Campaign Statement

Statement covers period
from 10-25-2016
through 1-31-2017

Date of election if applicable:
(Month, Day, Year)
11-8-2016

1. Name and Address of Filer
NAME OF FILER
LOUIS EDWARD MASRY

RESIDENTIAL OR MAILING ADDRESS
(NO. AND STREET)
951 S. Westlake Blvd, Suite 204

CITY
Westlake Village

STATE
CA

ZIP CODE
91361

RESPONSIBLE OFFICER
(If filer is other than an individual)

AREA CODE/DAYTIME PHONE
818-851-9939

2. Nature and Interests of Filer
(A Complete each applicable section.)

☐ A FILER WHO IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS
OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS
LEM Settlement Group

BUSINESS INTERESTS
Financial Services

ADDRESS OF EMPLOYER/BUSINESS
951 S. Westlake Blvd, Suite 204 Westlake Village, CA 91361

☐ A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS
ENGAGED

☐ A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

☐ A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE
COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

3. Summary
(Amounts may be rounded to whole dollars.)

1. Expenditures and contributions
   (including loans) of $100 or more
   made this period. (Part 5.) .................................................. $ 9,958.19

2. Unitemized expenditures and
   contributions (including loans) under
   $100 made this period .................................................. 0

3. Total expenditures and contributions
   made this period. (Add Lines 1 + 2.) .................................. SUBTOTAL $ 9,958.19

4. Total expenditures and contributions
   made from prior statement. (Enter
   amount from Line 5 of last statement
   filed. If this is the first statement for
   the calendar year, enter zero.) .................................. $ N/A

5. Total expenditures and contributions
   (including loans) made since
   January 1 of the current calendar year.
   (Add Lines 3 + 4.) .................................. TOTAL $ 9,958.19

4. Verification

I have used all reasonable diligence in preparing this statement. I have
reviewed the statement and to the best of my knowledge the information
contained herein 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 1-10-2017

By
SIGNATURE OF INDIVIDUAL DONOR OR
RESPONSIBLE OFFICER, IF OTHER THAN AN INDIVIDUAL

FPPC Form 461 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### 5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)</th>
<th>CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE AMOUNT RELATED TO THIS CANDIDATE, MEASURE, OR COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-25-16</td>
<td>Landslide Communications 30011 Ivy Glenn Drive Suite 223 Laguna Niguel, CA 92677</td>
<td>☐ Monetary Contribution ☐ Loan ☐ Non-Monetary Contribution ☒ Independent Expenditure</td>
<td>Oscar Madrigal Oxnard City Council</td>
<td>$2,390.00</td>
<td>$2,390.00</td>
<td></td>
</tr>
<tr>
<td>11-1-2016</td>
<td>DMH Meyer Inc. 1560-1 Newbury Road Suite 212 Newbury Park, CA 91320</td>
<td>☐ Monetary Contribution ☐ Loan ☐ Non-Monetary Contribution ☒ Independent Expenditure</td>
<td>Oscar Madrigal Oxnard City Council</td>
<td>$3,443.29</td>
<td>$5,833.29</td>
<td></td>
</tr>
<tr>
<td>11-2-2016</td>
<td>DMH Meyer Inc. 1560-1 Newbury Road Suite 212 Newbury Park, CA 91320</td>
<td>☐ Monetary Contribution ☐ Loan ☐ Non-Monetary Contribution ☒ Independent Expenditure</td>
<td>Oscar Madrigal Oxnard City Council</td>
<td>$4,124.90</td>
<td>$9,958.19</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $9,958.19**
Major Donor and
Independent Expenditure Committee
Campaign Statement

Statement covers period
from 10-25-2016
through 1-31-2017

Date of election if applicable
(Month, Day, Year) 11-8-2016

1. Name and Address of Filer
NAME OF FILER
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RESIDENTIAL OR MAILING ADDRESS
951 S. Westlake Blvd, Suite 204

CITY
Westlake Village

STATE
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ZIP CODE
91361

RESPONSIBLE OFFICER
(If filer is other than an individual)

AREA CODE/DAYTIME PHONE
818-851-9939

2. Nature and Interests of Filer
(Complete each applicable section.)

A FILER WHO IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS
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NAME OF EMPLOYER/BUSINESS
LEM Settlement Group

BUSINESS INTERESTS
Financial Services

ADDRESS OF EMPLOYER/BUSINESS
951 S. Westlake Blvd, Suite 204 Westlake Village, CA 91361

3. Summary
(Amounts may be rounded to whole dollars.)

1. Expenditures and contributions
   (including loans) of $100 or more
   made this period. (Part 5.) $ 9,958.19

2. Unitemized expenditures and
   contributions (including loans) under
   $100 made this period 0

3. Total expenditures and contributions
   made this period. (Add Lines 1 + 2.) $ 9,958.19

4. Total expenditures and contributions
   made from prior statement. (Enter
   amount from Line 5 of last statement
   filed. If this is the first statement for
   the calendar year, enter zero.) $ N/A

5. Total expenditures and contributions
   (including loans) made since
   January 1 of the current calendar year.
   (Add Lines 3 + 4.) $ 9,958.19

4. Verification
I have used all reasonable diligence in preparing this statement. I have
reviewed the statement and to the best of my knowledge the information
contained herein 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 1-10-2017

Signature of Individual Donor or
Responsible Officer, if Other than an Individual

Amendment (Explain):
5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

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<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)</th>
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<td></td>
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<td>☑ Support</td>
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<td></td>
<td></td>
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