Recipient Committee
Campaign Statement
Cover Page

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
   - [ ] REFERENCE
   - [ ] GENERAL PURPOSE COMMITTEE
   - [ ] SPONSORED
   - [ ] SMALL CONTRIBUTOR COMMITTEE
   - [ ] POLITICAL PARTY/CENTRAL COMMITTEE
   - [ ] PRIMARILY FORMED BALLOT MEASURE COMMITTEE
   - [ ] CONTROLLED
   - [ ] SPONSORED
   - [ ] (Also Complete Part 5)
   - [ ] PRIMARILY FORMED CANDIDATE/OFFICEHOLDER COMMITTEE
   - [ ] (Also Complete Part 7)

2. Type of Statement:
   - [ ] Preselection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
   - [ ] Amendment (Explain below)
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report

3. Committee Information
   I.D. NUMBER
   1386883
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Chavez for Council 2018
   STREET ADDRESS (NO P.O. BOX)
   1920 West Hemlock Street
   CITY STATE ZIP CODE AREA CODE/PHONE
   Oxnard CA 93035 805-946-3516
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   CITY STATE ZIP CODE AREA CODE/PHONE

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 07/29/2017
   By ____________________________
   Signature of Treasurer

   Executed on 07/29/2017
   By ____________________________
   Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   By ____________________________
   Signature of Controlling Officer, Candidate, State Measure Proponent

   Executed on
   By ____________________________
   Signature of Controlling Officer, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Daniel Chavez, Jr.

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

City of Oxnard, Councilmember

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1920 W Hemlock St 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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>STREET ADDRESS (NO. P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

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 PROONENT

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.

<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>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL THIS PERIOD</strong></td>
<td><strong>TOTAL FOR CALENDAR YEAR</strong></td>
</tr>
<tr>
<td>Schedule A, Line 3</td>
<td>Schedule B, Line 3</td>
</tr>
<tr>
<td>Monetary Contributions</td>
<td>$108.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$412.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL EXPENDITURES MADE</strong></td>
<td><strong>TOTAL EXPENDITURES MADE</strong></td>
</tr>
<tr>
<td>Schedule E, Line 4</td>
<td>Schedule F, Line 3</td>
</tr>
<tr>
<td>Payments Made</td>
<td>$382.26</td>
</tr>
<tr>
<td>Loans Made</td>
<td>0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule C, Line 3</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Add Lines 8 + 9 + 10</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$382.26</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEGINNING CASH BALANCE</strong></td>
<td><strong>CASH RECEIPTS</strong></td>
</tr>
<tr>
<td>Previous Summary Page, Line 16</td>
<td>Column A, Line 3 above</td>
</tr>
<tr>
<td>$108.00</td>
<td>$412.00</td>
</tr>
<tr>
<td><strong>CASH PAYMENTS</strong></td>
<td><strong>ENDING CASH BALANCE</strong></td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>Column A, Line 8 above</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
</tr>
<tr>
<td>$382.26</td>
<td>$137.74</td>
</tr>
</tbody>
</table>

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).

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASH EQUIVALENTS</strong></td>
<td><strong>OUTSTANDING DEBTS</strong></td>
</tr>
<tr>
<td>See instructions on reverse</td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
<tr>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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 (If Committee, Also Enter I.D. Number)</th>
<th>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>
<tbody>
<tr>
<td>Chavez for Council 2018</td>
<td>Daniel Chavez, Jr. 1920 W Hemlock St Oxnard, Ca 93035</td>
<td>Bus Operator - L.A.C.M.T.A</td>
<td>$0.00</td>
<td>$412.00</td>
<td>$412.00</td>
<td>DATE DUE</td>
<td></td>
<td></td>
<td>CALENDAR YEAR</td>
</tr>
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</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period ................................................................. $412.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .................................................... $412.00
   (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 $0.00
   Enter the net here and on the Summary Page, Column A, Line 2.

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

## Payments Made

**NAME OF FILER**
Chavez for Council 2018

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

- CMP campaign paraphernalia/misc.
- CNS 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)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wix.com</td>
<td>WEB</td>
<td>Website &amp; e-mail</td>
<td>158.09</td>
</tr>
<tr>
<td>500 Terry A Francois Blvd, 6th Floor, San Fransisco, CA 94158</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 158.09

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 158.09
2. Unitemized payments made this period of under $100 $ 224.17
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $ 
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 382.26