Recipient Committee
Campaign Statement
Cover Page

Statement covers period from 10/22/2016 through 12/31/2016

Date of election if applicable: Nov. 8, 2016

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 6)
   - 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:
   - Preelection Statement
   - Semi-annual Statement
   - Quarterly Statement
   - Special Odd-Year Report
   - Termination Statement (Also file a Form 410 Termination)
   - Amendment (Explain below)

   Committee Name Change and Treasurer

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 Oxnard
   STATE CA
   ZIP CODE 93035
   AREA CODE/PHONE 805-946-3516
   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS
   info@danielchavezjr.com

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 12/31/2016
   By
   Signature of Treasurer or Assistant Treasurer

   Executed on 12/31/2016
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed
   By
   Signature of Controlling Officeholder, 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 93036

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?

☑️ YES ☐ 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

☑️ 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

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☑️ SUPPORT ☐ OPPOSE

Committee Address Street Address (No P.O. Box)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach continuation sheets if necessary
## Contributions Received

1. Monetary Contributions ........................................... Schedule A, Line 3 $ 150.00 $ 2,474.00
2. Loans Received ................................................... Schedule B, Line 3 $ 90.00 $ 1,090.00
3. SUBTOTAL CASH CONTRIBUTIONS .................. Add Lines 1 + 2 $ 240.00 $ 3,474.00
4. Nonmonetary Contributions ......................... Schedule C, Line 3 $ 0.00 $ 932.00
5. TOTAL CONTRIBUTIONS RECEIVED .......... Add Lines 3 + 4 $ 240.00 $ 4,356.00

## Expenditures Made

6. Payments Made .................................................. Schedule E, Line 4 $ 919.00 $ 3,866.00
7. Loans Made ....................................................... Schedule H, Line 3 $ 0.00 $ 0.00
8. SUBTOTAL CASH PAYMENTS .................. Add Lines 6 + 7 $ 919.00 $ 3,866.00
9. Accrued Expenses (Unpaid Bills) .............. Schedule F, Line 3 $ 0.00 $ 0.00
10. Nonmonetary Adjustment ......................... Schedule C, Line 3 $ 0.00 $ 932.00
11. TOTAL EXPENDITURES MADE .......... Add Lines 8 + 9 + 10 $ 919.00 $ 4,798.00

## Current Cash Statement

12. Beginning Cash Balance ................................... Previous Summary Page, Line 16 $ 787.00
13. Cash Receipts ........................................................ $ 240.00
14. Miscellaneous Increases to Cash ...................... Schedule I, Line 4 $ 0.00
15. Cash Payments ........................................................ $ 919.00
16. ENDING CASH BALANCE .......................... Add Lines 12 + 13 + 14, then subtract Line 15 $ 108.00

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

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ................................................ $ 0.00
19. Outstanding Debts ................................................ $ 0.00

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).

20. Contributions Received $ $ 
21. Expenditures Made $ $ 

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

1/1 through 6/30 7/1 to Date

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

Date of Election (mm/dd/yyyy) Total to Date

/ / $ 

/ / $ 

*Amounts in this section may be different from amounts reported in Column B.
### Schedule A
**Monetary Contributions Received**

**NAME OF FILER**
Chavez for Council 2018

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
</table>
| 10/27/2016    | Bert Perello  
2391 Redwing Ln  
Oxnard, CA 93035                          | ✔ IND  
 evasion of Oxnard  | Councilman - City of Oxnard  | 100.00  | 100.00  |  |

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) .......................................................... $ 100.00
2. Amount received this period – unitemized monetary contributions of less than $100 ............... $ 50.00
3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................. TOTAL $ 150.00

*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

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

**Amounts may be rounded to whole dollars.**

**Statement covers period from 10/22/2016 through 12/31/2016**

<table>
<thead>
<tr>
<th>Full Name: Street Address and Zip Code</th>
<th>Occupation and Employer</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>Daniel Chavez, Jr.</td>
<td>Bus Operator - L.A.C.M.T.A</td>
<td>$0.00</td>
<td>$90.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$1,090.00</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>1920 W Hemlock St Oxnard, Ca 93035</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PER ELECTION**</td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period (Total Column (b) plus unitemized loans of less than $100.)
   
   $90.00

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.)
   
   $90.00

3. Net change this period. (Subtract Line 2 from Line 1.)
   
   NET $0.00

(May be a negative number)

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

**Contributor Codes**

- IND - Individual
- COM - Recipient Committee (other thanPTY or SCC)
- OTH - Other (e.g., business entity)
- PTY - Political Party
- SCC - Small Contributor Committee

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Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE
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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
</tr>
<tr>
<td>CNS</td>
<td>campaign consultants</td>
</tr>
<tr>
<td>CTB</td>
<td>contribution (explain nonmonetary)*</td>
</tr>
<tr>
<td>CVC</td>
<td>civic donations</td>
</tr>
<tr>
<td>FIL</td>
<td>candidate filing/balot fees</td>
</tr>
<tr>
<td>FND</td>
<td>fundraising events</td>
</tr>
<tr>
<td>IND</td>
<td>independent expenditure supporting/opposing others (explain)*</td>
</tr>
<tr>
<td>LEG</td>
<td>legal defense</td>
</tr>
<tr>
<td>LIT</td>
<td>campaign literature and mailings</td>
</tr>
</tbody>
</table>

<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>Graphic Springs, Phoenix, AZ 85014</td>
<td>CMP</td>
<td>Logo and Attachments</td>
<td>150.00</td>
</tr>
<tr>
<td>Beyond Gravity Media, 530 E Los Angeles Ave, Moorpark, CA 93021</td>
<td>CMP</td>
<td>Video</td>
<td>395.00</td>
</tr>
<tr>
<td>Wix.com, 500 Terry A Francois Blvd, 6th Floor, San Francisco, CA 94158</td>
<td>WEB</td>
<td>Website</td>
<td>352.00</td>
</tr>
</tbody>
</table>

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

Subtotal $ 897.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E Subtotals.) ................................................................. $ 897.00
2. Unitemized payments made this period of under $100 ......................................................................................... $ 22.00
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 $ 919.00