**Recipient Committee**  
**Campaign Statement**  
**Cover Page**

**Statement covers period**  
from 1-1-2017  
through 6-30-2017

**Date of election if applicable:**  
(Month, Day, Year)  
2017 JUL 27

**CALIFORNIA FORM 460**

**Page 1 of 6**

**For Official Use Only**

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### 1. Type of Recipient Committee:
- [x] General Purpose Committee
- [ ] Officemholder, Candidate Controlled Committee
- [ ] State Candidate Election Committee
- [ ] Recall
- [ ] Primarily Formed Ballot Measure Committee
  - [ ] Controlled
  - [ ] Sponsored
- [ ] Small Contributor Committee
  - [ ] Primarily Formed Candidate/Officemholder Committee

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

### 3. Committee Information

- **I.D. NUMBER**: 96-1270
- **COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)**: Oxnard Chamber of Commerce - PAC
- **STREET ADDRESS (NO P.O. BOX)**: 400 E Esplanade Dr #302
- **CITY**: Oxnard  
  **STATE**: CA  
  **ZIP CODE**: 93036
  **AREA CODE/PHONE**: 805-983-6118

### 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**: July 27, 2017
- **Signature of Treasurer or Assistant Treasurer**: 

     **Name**: Richard Favor  
     **Mailing Address**: 400 E Esplanade Dr #302  
     **City**: Oxnard  
     **State**: CA  
     **Zip Code**: 93036  
     **Area Code/Phone**: 805-983-6118

     **Name of Assistant Treasurer, if any**: 

     **Mailing Address**: 

     **City**:  
     **State**:  
     **Zip Code**:  
     **Area Code/Phone**: 

     **Optional: Fax/E-mail Address**: 

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**FPPC Form 460 (Jan/2016)**

**FPPC Advice**: advice@fppc.ca.gov (866/275-3772)

**www.fppc.ca.gov**
## Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total this period from attached schedules)</th>
<th>Column B (Calendar year total to date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$5300</td>
<td>$5300</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$5300</td>
<td>$5300</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$5300</td>
<td>$5300</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$488</td>
<td>$488</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$488</td>
<td>$488</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$488</td>
<td>$488</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$4166</td>
<td>$4166</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>$5300</td>
<td>$5300</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>$3</td>
<td>$3</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>$488</td>
<td>$488</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>$8981</td>
<td>$8981</td>
</tr>
</tbody>
</table>

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

## Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
<td>$</td>
</tr>
</tbody>
</table>
### Schedule A
Monetary Contributions Received

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

**Statement covers period**

from 1-1-2017

through 6-30-2017

**Page** 3 of 6

<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>
<tbody>
<tr>
<td>1-31-2017</td>
<td>THRU INTERMEDIARY OXNARD CHAMBER 400 E ESPLANADE DR #302 OXNARD CA 93036</td>
<td>☑️ IND</td>
<td></td>
<td>1150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-28-2017</td>
<td>ALL ARE VOLUNTARY CONTRIBUTIONS FOR $50 PER YEAR NON EQUAL $100 OR MORE</td>
<td>☑️ IND</td>
<td></td>
<td>1100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-31-2017</td>
<td></td>
<td>☑️ IND</td>
<td></td>
<td>700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-30-2017</td>
<td></td>
<td>☑️ IND</td>
<td></td>
<td>800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-31-2017</td>
<td></td>
<td>☑️ IND</td>
<td></td>
<td>900</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>SUBTOTAL $</strong> 4650</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .......................................................... $ 0

2. Amount received this period – unitemized monetary contributions of less than $100 $ 5300

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ... TOTAL $ 5300

*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

FPCC Form 460 (Jan/2016)
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
<th>Page 4 of 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 1-1-2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>through 6-30-2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NAME OF FILER**
Oxnard Chamber of Commerce - PAC

**I.D. NUMBER**
96-1270

<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>
<tbody>
<tr>
<td>6-30-2017</td>
<td>THRU INTERMEDIARY OXNARD CHAMBER 400 E ESPLANADE DR #302 OXNARD CA 93036</td>
<td>☐ IND</td>
<td>☐ COM</td>
<td>☑ OTH</td>
<td>☐ PTY</td>
<td>☐ SCC</td>
</tr>
<tr>
<td></td>
<td>ALL ARE VOLUNTARY CONTRIBUTIONS FOR $50 PER YEAR NON EQUAL $100 OR MORE</td>
<td>☐ IND</td>
<td>☐ COM</td>
<td>☐ OTH</td>
<td>☐ PTY</td>
<td>☐ SCC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ IND</td>
<td>☐ COM</td>
<td>☐ OTH</td>
<td>☐ PTY</td>
<td>☐ SCC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ IND</td>
<td>☐ COM</td>
<td>☐ OTH</td>
<td>☐ PTY</td>
<td>☐ SCC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ IND</td>
<td>☐ COM</td>
<td>☐ OTH</td>
<td>☐ PTY</td>
<td>☐ SCC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ IND</td>
<td>☐ COM</td>
<td>☐ OTH</td>
<td>☐ PTY</td>
<td>☐ SCC</td>
</tr>
</tbody>
</table>

**SUBTOTAL $**
650

---

*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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FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
# Schedule E
## Payments Made

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 1-1-2017</td>
<td></td>
</tr>
<tr>
<td>through 6-30-2017</td>
<td></td>
</tr>
</tbody>
</table>

## NAME OF FILER
Oxnard Chamber of Commerce - PAC

### 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
- PRO: professional services (legal, accounting)
- PRT: print ads
- RAD: radio airtime and production costs
- RDF: 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)

### NAME AND ADDRESS OF PAYEE

<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>California Secretary of State</td>
<td>FIL</td>
<td>Annual filing fee</td>
<td>50</td>
</tr>
<tr>
<td>Oxnard Chamber of Commerce</td>
<td>MTG</td>
<td>Elected officials reception</td>
<td>438</td>
</tr>
</tbody>
</table>

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

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 488
2. Unitemized payments made this period of under $100 ................................................................. $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .................. $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 488

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

**Miscellaneous Increases to Cash**

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 1-1-2017</td>
<td>Page 6 of 6</td>
</tr>
<tr>
<td>through 6-30-2017</td>
<td></td>
</tr>
</tbody>
</table>

#### NAME OF FILER

Oxnard Chamber of Commerce - PAC

I.D. NUMBER

96-1270

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE; ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-30-2017</td>
<td>Citizens Business Bank&lt;br&gt;2400 E. Gonzales Rd.&lt;br&gt;Oxnard CA 93036</td>
<td>Interest</td>
<td>3</td>
</tr>
</tbody>
</table>

### Schedule I Summary

1. Itemized increases to cash this period. .......................................................... $ 0
2. Unitemized increases to cash of under $100 this period. ................................ $ 3
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .......................................................... $ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .................................................. TOTAL $ 3

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Attach additional information on appropriately labeled continuation sheets.