

**Bert E. Perello**  
City Councilman  
300 West Third Street, 4<sup>th</sup> Floor  
Oxnard, CA 93030  
(805) 240-6194  
E-mail: [perellobert@gmail.com](mailto:perellobert@gmail.com)

Received  
**Oxnard City Clerk**  
2017 JUL 21 AM 11:35



July 21, 2017

Michelle Ascencion, City Clerk  
City of Oxnard  
300 West Third Street, Fourth Floor  
Oxnard, CA 93030

**SUBJECT: Perello for Oxnard City Council - 2014 Recipient Committee  
Campaign Statement Form 460 Filing Covering the Period 10/19/14  
through 12/31/14 Missing From City Clerk Website**

Dear Ms. Ascencion:

Recently, someone brought to my attention that for whatever reason one of the Form 460 Statement filings that my 2014 Council Campaign submitted to the Oxnard City Clerk's Office in 2015 is missing from your website.

Attached, you'll find a copy of the Perello for Oxnard City Council 2014 Recipient Committee Statement Form 460 Filing Covering the Period 10/19/14 through 12/31/14, which is not currently shown on your website. That form bears a Oxnard City Clerk date-stamp acknowledgement of 1:25 p.m. March 17, 2015 when it was filed in your predecessors office.

Please be sure that the above-captioned date-stamped Form 460 filing is included on your website, as it appears to be the only one of my 2014 Council Campaign Recipient Committee Form Filings missing from your website for whatever reason.

Should you have any questions or wish to discuss this form filing with me further, please contact me directly at (805) 240-6194.

Sincerely,

Bert E. Perello, Councilmember

Attachment: Perello for Oxnard City Council 2014 Recipient Committee Form 460 Filing

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp C: [Stamp] 2015 MAR 17 P 1:25	CALIFORNIA 2001/02 FORM <b>460</b>
	Page <u>1</u> of <u>10</u>
	For Official Use Only

Statement covers period from <u>10/19/14</u> through <u>12/31/14</u>	Date of election if applicable: (Month, Day, Year) <u>11/04/14</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder, Committee<br><i>(Also Complete Part 7)</i>   |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement            | <input type="checkbox"/> Quarterly Statement                                     |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

**3. Committee Information**

I.D. NUMBER  
**1370723**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Perello for Oxnard City Council - 2014

STREET ADDRESS (NO P.O. BOX)  
2391 Redwing Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	(805) 240-6194

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
792 Corsicana Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	(805) 832-5148

OPTIONAL: FAX / E-MAIL ADDRESS  
Zoodudemmm@msn.com

**Treasurer(s)**

NAME OF TREASURER  
Michael John Miller

MAILING ADDRESS  
792 Corsicana Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	(805) 832-5148

NAME OF ASSISTANT TREASURER, IF ANY

Bert E. Perello

MAILING ADDRESS  
2391 Redwing Lane

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Oxnard	CA	93036	(805) 240-6194

OPTIONAL: FAX / E-MAIL ADDRESS  
electbertperello@gmail.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 3-16-15  
Date

By Bert E Perello  
Signature of Treasurer or Assistant Treasurer

Executed on 3-16-15  
Date

By Bert E Perello  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		<b>460</b>
Page	2	of 10

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**Bert E. Perello**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**Member, Oxnard City Council**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**2391 Redwing Lane 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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>10/19/14</u>	<b>GALIFORNIA FORM 460</b>
through <u>12/31/14</u>	
Page <u>3</u> of <u>10</u>	I.D. NUMBER <u>1370723</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Perello for Oxnard City Council - 2014

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>1,525.00</u>	\$ <u>8,045.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>\$0.00</u>	\$ <u>\$15,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>\$16,525.00</u>	\$ <u>\$38,045.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>\$616.00</u>	\$ <u>\$2,416.14</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>17,141.00</u>	\$ <u>40,461.14</u>

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ <u>16,070.47</u>	\$ <u>37,485.36</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>\$0.00</u>	\$ <u>\$0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>16,070.47</u>	\$ <u>37,485.36</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>\$0.00</u>	\$ <u>\$0.00</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>\$616.00</u>	\$ <u>\$2,416.14</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>\$16,686.47</u>	\$ <u>39,901.49</u>

**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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>140.57</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>\$16,525.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>\$0.00</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>\$16,070.47</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>595.10</u>

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0.00</u>
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>15,000.00</u>

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).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/19/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>10</u>	I.D. NUMBER <b>1370723</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Perello for Oxnard City Council - 2014

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/14	Jenny J. Card 2114 Norma Street Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
10/26/14	Len & Alphie Shulman 613 Eastwood Drive Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Talon Enterprises	\$100.00	\$100.00	
10/26/14	Al Velasquez 133 Bottlebrush Court Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00	\$100.00	
10/31/14	Bill Clark, President Channel Islands Waterfront Homeowners Assn. 1237 South Victoria Avenue, #197 Oxnard, CA 93035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Channel Islands Waterfront Homeowners Association	\$500.00	\$500.00	
10/31/14	Diane Delaney 2045 San Sebastian Drive Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Realtor	\$100.00	\$100.00	
<b>SUBTOTAL \$</b>				<b>\$900.00</b>		

**Schedule A Summary**

1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.) .....	\$ 1,250.00
2. Amount received this period – unitemized contributions of less than \$100 .....	\$ 275.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....	<b>TOTAL \$ 1,525.00</b>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/19/14</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/14</u>		
Page <u>5</u> of <u>10</u>		I.D. NUMBER <b>1370723</b>

NAME OF FILER  
**Perello for Oxnard City Council - 2014**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/14	Linda Parks 2018 Glastonbury Road Westlake Village, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Member, Board of Supervisors, County of Ventura	\$100.00	\$100.00	
10/31/14	John & Mary Tolian 2322 Northstar Way Oxnard, CA 93036-6264	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250.00	\$250.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>350.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule B – Part 1  
Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>10/19/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>10</u>	I.D. NUMBER <u>1370723</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Perello for Oxnard City Council - 2014

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Bert E. Perello 2391 Redwing Lane Oxnard, CA 93036  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rural Letter Carrier United States Postal Service	\$ 10,000	\$ 0	<input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 10,000	\$ 0 DATE DUE _____	0 % RATE \$ _____	\$ 10,000 9/4/14 DATE INCURRED	CALENDAR YEAR \$ 10,000 PER ELECTION** \$ _____
Bert E. Perello 2391 Redwing Lane Oxnard, CA 93036  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rural Letter Carrier United States Postal Service	\$ 5,000	\$ 0	<input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 5,000	\$ 0 DATE DUE _____	0 % RATE \$ _____	\$ _____ 10/7/14 DATE INCURRED	CALENDAR YEAR \$ 5,000 PER ELECTION** \$ _____
Bert E. Perello 2391 Redwing Lane Oxnard, CA 93036  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rural Letter Carrier United States Postal Service	\$ 0	\$ 15,000	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 15,000 DATE DUE _____	0 % RATE \$ _____	\$ _____ 10/22&11/5/14 DATE INCURRED	CALENDAR YEAR \$ 15,000 PER ELECTION** \$ _____
<b>SUBTOTALS \$</b>		<b>15,000 \$</b>	<b>15,000 \$</b>	<b>15,000 \$</b>	<b>0</b>	<b>0</b>		

**Schedule B Summary**

1. Loans received this period ..... \$ 15,000  
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period ..... \$ 15,000  
(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. (May be a negative number)

(Enter (e) on  
Schedule E, Line 3)

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

† Contributor Codes  
IND - Individual    COM - Recipient Committee (other than PTY or SCC)    OTH - Other    PTY - Political Party    SCC - Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/19/14</u>		<b>CALIFORNIA FORM 460</b>
through <u>12/31/14</u>		
		Page <u>8</u> of <u>10</u>
NAME OF FILER  <u>Perello for Oxnard City Council - 2014</u>		I.D. NUMBER  <u>1370723</u>

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/14	Fred Rosenmund 162 South "A" Street Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Attorney at Law	16/31 Proration of \$1,000 Monthly Rent of Law Office Conference Room for Meetings	\$516.00	\$2,142.00	
12/10/14	Roger Poirier 619 South "G" Street Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed	Creative Arts Services Consultation	\$100.00	\$100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
<b>Attach additional information on appropriately labeled continuation sheets.</b>					<b>SUBTOTAL \$</b>	<b>616.00</b>	

**Schedule C Summary**

1. Amount received this period – nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.) .....	\$	<u>616.00</u>
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$	<u>0.00</u>
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) .....	<b>TOTAL \$</b>	<u>616.00</u>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>10/19/14</u> through <u>12/31/14</u>	<b>CALIFORNIA FORM</b> <b>460</b>
	Page <u>9</u> of <u>10</u>
	I.D. NUMBER <b>1370723</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Perello for Oxnard City Council - 2014

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

CVP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
B&B Mailing Services 2401 Eastman Avenue, Ste. 25 Oxnard, CA 93030	POS	Mailing Service Fee and Postage for Final P4P GOTV Mailer -Check No. 129	\$3,825.08
Christopher Kapuscik 3625 Loma Vista Road Ventura, CA 93003	CNS	Campaign Marketing Consultant Services-Final Payment - Check No. 133.	1,000.00
Christopher Kapuscik 3625 Loma Vista Road Ventura, CA 93003	OFC	Reimbursement Payment for Campaign Office Supplies for GOTV Precinct Walks - Check No. 135	\$235.78

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

**SUBTOTAL \$ 5,060.86**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	16,070.47
2. Unitemized payments made this period of under \$100	\$	0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	<b>16,070.47</b>

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>GALIFORNIA FORM 460</b>
from	10/19/14	
through	12/31/14	Page 10 of 10
NAME OF FILER		I.D. NUMBER
Perello for Oxnard City Council - 2014		1370723

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

<b>OMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Christopher Kapuscik 3625 Loma Vista Road Ventura, CA 93003	LIT	Reimbursement Payment for Campaign Photocopying - Check No. 137	\$46.44
Gravis Marketing, Inc. 910 Belle Avenue #1180 Winter Springs, Florida 32708	PHO	Final P4P GOTV Mailing Phone Bank Follow-Up Calls - Check No. 130	\$3,715.65
Richard Santillan 3341 Paula Street Oxnard, CA 93033	CNS	Campaign Consultant Services - Tactical Field Ops Coordination - Final Payment - Check No. 131	\$1,000.00
The Writing Shop 81 San Bernabe Drive Monterey, CA 93940	LIT	Graphic Design Services for Final P4P GOTV English and Spanish Language Mailer Pieces - Check No. 134	\$225.00
XPRESS Imaging Solutions 1302 Tower Square, Ste. 2 Ventura, CA 93003	LIT	Printing Services for Final P4P GOTV English and Spanish Language Mailer Pieces - Check No. 132	\$6,022.52

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

**SUBTOTAL \$ 11,009.61**