Recipient Committee Campaign Statement Cover Page

Statement covers period from 3/18/2018 through 4/14/2018

Date of election if applicable: May 1, 2018

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 5)
   - [ ] 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:
   - [x] Preelection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER: 1233654
   - COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE):
     Greater Oxnard Organization of Democrats
   - STREET ADDRESS (NO P.O. BOX):
     5036 Marlin Way
   - CITY: Oxnard
   - STATE: CA
   - ZIP CODE: 93035
   - AREA CODE/PHONE: 805-985-2615
   - MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:
     P.O. Box 6645
   - CITY: Oxnard
   - STATE: CA
   - ZIP CODE: 93031
   - AREA CODE/PHONE: 805-236-7615
   - OPTIONAL: FAX / E-MAIL ADDRESS:
     greateroxnarddem@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 04/19/2018
   By ___________________________ Signature of Treasurer or Assistant Treasurer
   Date

   Executed on ____________________
   By ___________________________ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   Date

   Executed on ____________________
   By ___________________________ Signature of Controlling Officerholder, Candidate, State Measure Proponent
   Date

   Executed on ____________________
   By ___________________________ Signature of Controlling Officerholder, Candidate, State Measure Proponent
   Date
### Contributions Received

1. Monetary Contributions ............................................. Schedule A, Line 3 $ 1,718.21 $ 3,441.21
2. Loans Received ....................................................... Schedule B, Line 3 0.00 0.00
3. SUBTOTAL CASH CONTRIBUTIONS ................................ Add Lines 1 + 2 $ 1,718.21 $ 3,441.21
4. Nonmonetary Contributions ........................................ Schedule C, Line 3 700.00 700.00
5. TOTAL CONTRIBUTIONS RECEIVED ............................... Add Lines 3 + 4 $ 2,418.21 $ 4,141.21

### Expenditures Made

7. Loans Made .......................................................... Schedule H, Line 3 0.00 0.00
8. SUBTOTAL CASH PAYMENTS ...................................... Add Lines 6 + 7 $ 2,629.44 $ 3,458.99
9. Accrued Expenses (Unpaid Bills) ................................ Schedule F, Line 3 0.00 0.00
10. Nonmonetary Adjustment ........................................... Schedule C, Line 3 0.00 0.00
11. TOTAL EXPENDITURES MADE ............................ Add Lines 8 + 9 + 10 $ 2,629.44 $ 3,458.99

### Current Cash Statement

12. Beginning Cash Balance ........................................... Previous Summary Page, Line 16 $ 8,338.50
13. Cash Receipts ....................................................... Column A, Line 3 above 1,718.21
14. Miscellaneous Increases to Cash ................................. Schedule I, Line 4 0 (if 0)
15. Cash Payments ....................................................... Column A, Line 8 above 2,629.44
16. ENDING CASH BALANCE ........................................... Add Lines 12 + 13 + 14, then subtract Line 15 $ 7,427.27

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

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents ................................................... See instructions on reverse $ 
19. Outstanding Debts .................................................. Add Line 2 + Line 9 in Column B above $ 

---

**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 $
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

STATEMENT COVERS PERIOD
From 3/18/2018
Through 4/14/2018

SCHEDULE A

NAME OF FILER
Greater Oxnard Organization of Democrats

<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>4/01/18</td>
<td>Jacqui Irwin for Assembly 20118 FPPC ID# 1393074 400 Capitol Mall, Ste 1545 Sacramento, CA 95814</td>
<td>□ IND ✔ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td></td>
<td>850.00</td>
<td>850.00</td>
<td></td>
</tr>
<tr>
<td>4/1/18</td>
<td>No Perello Recall Oxnard Election Committee FPPC ID# 1399037 2391 Redwing Ln Oxnard, CA 93036</td>
<td>□ IND ✔ COM ☐ OTH ☐ PTY ☐ SCC</td>
<td></td>
<td>300.00</td>
<td>300.00</td>
<td></td>
</tr>
<tr>
<td>04/11/18</td>
<td>Richard Erlich 711 Island View Circle Port Hueneme, CA 93041</td>
<td>✔ IND ☐ COM ☐ OTH ☐ PTY ☒ SCC Retired Educator</td>
<td></td>
<td>500.00</td>
<td>500.00</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 1650.00

Schedule A Summary

1. Amount received this period — itemized monetary contributions.
   (Include all Schedule A subtotals.) ........................................................................................................... $ 1650.00

2. Amount received this period — unitized monetary contributions of less than $100 ....................... $ 68.21

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ...................... TOTAL $ 1718.21

*Contributor Codes
IND — Individual
COM — Recipient Committee
OTH — Other (e.g., business entity)
PTY — Political Party
SCC — Small Contributor Committee

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

### Greater Oxnard Organization of Democrats

<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>Description of Goods or Services</th>
<th>Amount/Fair Market Value</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>3/31</td>
<td>Diana Sparagna 1272 Sagamore Ln Ventura, CA 93001</td>
<td>☑ IND</td>
<td>Attorney Sparagna &amp; Sparagna</td>
<td>Furniture and Appliances</td>
<td>$500</td>
<td>$500</td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

### Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) ................................................................. $ 500

2. Amount received this period – unitemized nonmonetary contributions of less than $100 ................................. $ 200

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.) ..................................... TOTAL $ 700

*Contributor Codes

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

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

SEEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Greater Oxnard Organization of Democrats

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/ballot 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>
<tr>
<td>MBR</td>
<td>member communications</td>
</tr>
<tr>
<td>MTG</td>
<td>meetings and appearances</td>
</tr>
<tr>
<td>OFC</td>
<td>office expenses</td>
</tr>
<tr>
<td>PET</td>
<td>petition circulating</td>
</tr>
<tr>
<td>PHO</td>
<td>phone banks</td>
</tr>
<tr>
<td>POL</td>
<td>polling and survey research</td>
</tr>
<tr>
<td>POS</td>
<td>postage, delivery and messenger services</td>
</tr>
<tr>
<td>PRO</td>
<td>professional services (legal, accounting)</td>
</tr>
<tr>
<td>PRT</td>
<td>print ads</td>
</tr>
<tr>
<td>RAD</td>
<td>radio airtime and production costs</td>
</tr>
<tr>
<td>RFD</td>
<td>returned contributions</td>
</tr>
<tr>
<td>SAL</td>
<td>campaign workers' salaries</td>
</tr>
<tr>
<td>TEL</td>
<td>t.v. or cable airtime and production costs</td>
</tr>
<tr>
<td>TRC</td>
<td>candidate travel, lodging, and meals</td>
</tr>
<tr>
<td>TRS</td>
<td>staff/spouse travel, lodging, and meals</td>
</tr>
<tr>
<td>TSF</td>
<td>transfer between committees of the same candidate/sponsor</td>
</tr>
<tr>
<td>VOT</td>
<td>voter registration</td>
</tr>
<tr>
<td>WEB</td>
<td>information technology costs (internet, e-mail)</td>
</tr>
</tbody>
</table>

**NAME AND ADDRESS OF PAYEE**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>
| David A. Elson
424 South A St
Oxnard, CA 93030                                                 | OFC  | Deposit/Rent           | 2,346.00    |
| Woodland Hills Printing
21602 Ventura Blvd
Woodland Hills, CA 91364                                         | LIT  | Literature             | 204.17      |

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

**SUBTOTAL** $ 2,550.17

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 2,550.17
2. Unitemized payments made this period of under $100 .......................................................... $ 79.27
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.) .................................. TOTAL $ 2,629.44