**Recipient Committee**  
Campaign Statement  
Cover Page

<table>
<thead>
<tr>
<th>Statement covers period from</th>
<th>Date of election if applicable: (Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-18-18</td>
<td>May 1, 2018</td>
</tr>
<tr>
<td>through 4-14-18</td>
<td></td>
</tr>
</tbody>
</table>

**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)
- ☐ Quarterly Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)

**3. Committee Information**

<table>
<thead>
<tr>
<th>ID NUMBER</th>
<th>Pending</th>
</tr>
</thead>
</table>

**COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):** Elect John Ragan Oxnard City Council 2018

**STREET ADDRESS (NO P.O. BOX):**

- 500 Hazelwood Dr
- Oxnard, CA 93036 805 814 5721

**MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**Treasurer(s)**

**NAME OF TREASURER:** Laurel Kuribara

**MAILING ADDRESS:** 2110 Ivanhoe Ave

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**NAME OF ASSISTANT TREASURER, IF ANY:** N/A

**MAILING ADDRESS:**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

**OPTIONAL: FAX / E-MAIL ADDRESS:**

**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 4-19-18**

**Date**

**By**

**Signature of Treasurer or Assistant Treasurer**

**Executed on 4-19-18**

**Date**

**By**

**Signature of Controlling Officer/Holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor**

**Executed on**

**Date**

**By**

**Signature of Controlling Officer/Holder, Candidate, State Measure Proponent**

**Executed on**

**Date**

**By**

**Signature of Controlling Officer/Holder, Candidate, State Measure Proponent**

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www.fppc.ca.gov
## 5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Oxnard City Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>John F. Ragas</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>500 Hazelwood Oxnard CA 93030</td>
</tr>
</tbody>
</table>

**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>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

## 6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
</tbody>
</table>

## 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>
</tbody>
</table>

*Attach continuation sheets if necessary*
<table>
<thead>
<tr>
<th>Contributions Received</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$900.00</td>
<td>$900.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$900.00</td>
<td>$900.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$900.00</td>
<td>$900.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures Made</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$633.40</td>
<td>$633.40</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$633.40</td>
<td>$633.40</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$633.40</td>
<td>$633.40</td>
</tr>
</tbody>
</table>

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

- 1/1 through 6/30
- 7/1 to Date
- Contributions Received: N/A
- Expenditures Made: $0

**Expenditure Limit Summary for State Candidates**

- Cumulative Expenditures Made:
  - Date of Election (mm/dd/yy): N/A
  - Total to Date: $0

**Current Cash Statement**

- Beginning Cash Balance: $900.00
- Cash Receipts: $0
- Miscellaneous Increases to Cash: $0
- Cash Payments: $633.40
- ENDING CASH BALANCE: $266.60

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**

- Cash Equivalents: $0
- Outstanding Debts: $0

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FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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## Schedule A
### Monetary Contributions Received

**Statement covers period from 3-18-18 through 4-15-18**

### See Instructions on Reverse

**Name of Filer:**
Elect John Ragan Oxnard City Council 2018

**I.D. Number:** Pending

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Full Name, Street Address and Zip Code of Contributor</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>4/11/18</td>
<td>John Ragan 500 Hazelwood Dr Oxnard, CA 93030</td>
<td>□ IND</td>
<td>Retired</td>
<td>$900.00</td>
<td>$900.00</td>
<td>$900.00</td>
</tr>
</tbody>
</table>

### Schedule A Summary

1. Amount received this period – Itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $900.00

2. Amount received this period – unitemized monetary contributions of less than $100 ........................................... $ 0

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ............................... TOTAL $ 900.00

*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 E Payments Made

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>campaign paraphernalia/misc.</td>
<td>$633.40</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL** $633.40

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $633.40
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** $633.40