Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 4/15/2018
through 6/30/2018

Date of election if applicable:
(Month, Day, Year)
05/01/2018

1. Type of Recipient Committee:
☑ Officeholder, Candidate Controlled 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
☐ Quarterly Statement
☐ Semi-annual Statement
☐ Special Odd-Year Report
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

3. Committee Information
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

Treasurer(s)
NAME OF TREASURER
Daniel Chavez, Jr.
MAILING ADDRESS
1920 W Hemlock St
Oxnard
CA
93035
805-946-3516

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS

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 ____________________
07/30/2018
Date

By ____________________________
Signature of Treasurer or ROBO

Executed on ____________________
07/30/2018
Date

By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Official of Sponsor

Executed ______________________

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

Executed ______________________

By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent
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 93035

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 PROONENT

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


Attach continuation sheets if necessary
### Contributions Received

<table>
<thead>
<tr>
<th>Contribution Type</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total To Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$0.00</td>
<td>$1,899.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$0.00</td>
<td>$500.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$0.00</td>
<td>$2,399.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$772.95</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$0.00</td>
<td>$3,171.95</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Expenditure Type</th>
<th>Column A (Total This Period)</th>
<th>Column B (Calendar Year Total To Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$626.04</td>
<td>$2,728.52</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$626.04</td>
<td>$2,728.52</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$772.95</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$626.04</td>
<td>$3,501.47</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Cash Activity</th>
<th>Column A (Total This Period)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$626.04</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>$0.00</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>$0.00</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>$0.00</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Cash Activity</th>
<th>Column A (Total This Period)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>$0.00</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.

---

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

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

**Expenditure Limit Summary for State Candidates**

- 22. Cumulative Expenditures Made*
  - (If Subject to Voluntary Expenditure Limit)
  - Date of Election (mm/dd-yyyy)
  - Total to Date
  - $__________
  - $__________

*FPPC Form 460 (Jan/2016)
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>4/15/2018 through 6/30/2018</th>
</tr>
</thead>
</table>

**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/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>
<tbody>
<tr>
<td>Daniel Chavez, Jr.</td>
<td>TSF</td>
<td>transfer to Chavez for Council 2020</td>
<td>512.04</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL** $ 512.04

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 512.04
2. Unitemized payments made this period of under $100 $ 114.00
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 $ 626.04

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FPPC Form 460 (Jan/2016)
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