Recipient Committee
Campaign Statement
Cover Page

Statement covers period from 04/22/2018 through 06/30/2018

Date of election if applicable: 
(Month, Day, Year) 

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
   - [ ] State Candidate Election Committee
   - [ ] Recalling (Also Complete Part 5)
   - [X] 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:
   - [ ] Pre-election Statement
   - [ ] Semi-annual Statement
   - [ ] Quarterly Statement
   - [ ] Special Odd-Year Report
   - [X] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   I.D. NUMBER: 123456789

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):
   Greater Oxnard Organization of Democrats

   STREET ADDRESS (NO PO BOX):
   555 South A Street Suite 140

   CITY: Oxnard
   STATE: CA
   ZIP CODE: 93030

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR PO. BOX:
   P.O. Box 6645

   CITY: Oxnard
   STATE: CA
   ZIP CODE: 93031

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 8-1-18
   By
   Signature of Treasurer or Assistant Treasurer

   Executed on
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Treasurer(s)

   NAME OF TREASURER:
   Elisabeth Lamar

   MAILING ADDRESS:
   354 E Bard Rd
   Oxnard CA 93033
   805-667-7617

   NAME OF ASSISTANT TREASURER, IF ANY:

   MAILING ADDRESS:

   CITY: Oxnard
   STATE: CA
   ZIP CODE: 93031

   OPTIONAL: FAX / E-MAIL ADDRESS:

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

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Monetary Contributions</td>
<td>$1,822.00</td>
<td>$6,045.00</td>
</tr>
<tr>
<td>2</td>
<td>Loans Received</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>3</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$1,822.00</td>
<td>$6,045.00</td>
</tr>
<tr>
<td>4</td>
<td>Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$700.00</td>
</tr>
<tr>
<td>5</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$1,822.00</td>
<td>$6,745.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Payments Made</td>
<td>$4,264.76</td>
<td>$7,749.74</td>
</tr>
<tr>
<td>7</td>
<td>Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>8</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$4,264.76</td>
<td>$7,749.74</td>
</tr>
<tr>
<td>9</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>10</td>
<td>Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>$4,264.76</td>
<td>$7,749.74</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Beginning Cash Balance</td>
<td>$8,202.27</td>
</tr>
<tr>
<td>14</td>
<td>Miscellaneous Increases to Cash</td>
<td>$0.00</td>
</tr>
<tr>
<td>16</td>
<td>ENDING CASH BALANCE</td>
<td>$5,759.51</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Cash Equivalents</td>
<td>$0.00</td>
</tr>
<tr>
<td>19</td>
<td>Outstanding Debts</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
## Schedule A
### Monetary Contributions Received

Amounts may be rounded to whole dollars.

<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>
</tr>
</thead>
<tbody>
<tr>
<td>5/11/2018</td>
<td>Allen Dirrim 432 Palm Drive</td>
<td>✓ IND</td>
<td>Retired</td>
<td>100.00</td>
<td>130.00</td>
</tr>
<tr>
<td>5/9/2018</td>
<td>Barbara Driscoll 921 W. Beverly Drive Oxnard, CA 93030</td>
<td>✓ IND</td>
<td>Retired</td>
<td>100.00</td>
<td>125.00</td>
</tr>
<tr>
<td>5/9/2018</td>
<td>Richard Erlich 711 Island View Circle Pt. Hueneme, CA 93041</td>
<td>✓ IND</td>
<td>Retired</td>
<td>400.00</td>
<td>900.00</td>
</tr>
<tr>
<td>5/30/2018</td>
<td>Lauraine Effress 2831 Harbor Blvd. Oxnard, CA 93035</td>
<td>✓ IND</td>
<td>Retired</td>
<td>350.00</td>
<td>350.00</td>
</tr>
<tr>
<td>5/9/2018</td>
<td>Ruth A. Harrell 188 W. Elfin Green Pt. Hueneme, CA 93041</td>
<td>✓ IND</td>
<td>Educator Pleasant Valley School Dist.</td>
<td>200.00</td>
<td>275.00</td>
</tr>
</tbody>
</table>

**SUBTOTAL $** 1,150.00

**Schedule A Summary**

1. **Amount received this period – itemized monetary contributions.**
   (Include all Schedule A subtotals.) $1,250.00

2. **Amount received this period – unitemized monetary contributions of less than $100** $572.00

3. **Total monetary contributions received this period.**
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL $** 1,822.00

---

*Contributor Codes
- IND – Individual
- COM – Recipient Committee
- OTH – Other (e.g., business entity)
- PTY – Political Party
- SCC – Small Contributor Committee*
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>
</tr>
</thead>
<tbody>
<tr>
<td>from 04/22/2018</td>
<td>SCHEDULE A (CONT.)</td>
</tr>
<tr>
<td>through 06/30/2018</td>
<td></td>
</tr>
<tr>
<td>Page 4 of 6</td>
<td></td>
</tr>
<tr>
<td>I.D. NUMBER</td>
<td>1233654</td>
</tr>
</tbody>
</table>

**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>5/30/2018</td>
<td>Angela Landers 459 RiverPark Blvd. #104 Oxnard, CA 93031</td>
<td>□ IND</td>
<td>Retired</td>
<td>100.00</td>
<td>130.00</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 100.00**

*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

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

SEE 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.
- 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
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD 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)

<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>BAPAC</td>
<td>VOT</td>
<td>Donation for Registering voters at Juneteenth Celebration.</td>
<td>100.00</td>
</tr>
<tr>
<td>P.O. Box 5262, Oxnard, CA 93031</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best Buy</td>
<td>OFC</td>
<td>supplies</td>
<td>116.89</td>
</tr>
<tr>
<td>2300 N. Rose Avenue, Oxnard, CA 93036</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>David Elson</td>
<td>OFC</td>
<td>Rent for April</td>
<td>1,173.00</td>
</tr>
<tr>
<td>424 South A Street, Oxnard, CA 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $ 1,389.89**

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 3,735.89
2. Unitemized payments made this period under $100 .......................................................... $ 528.87
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 $ 4,264.76
## Schedule E
(Continuation Sheet)
Payments Made

**NAME OF FILER**
Greater Oxnard Organization of Democrats

**I.D. NUMBER**
1233654

### 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
- **POS**: postage, delivery and messenger services
- **PRO**: professional services (legal, accounting)
- **PRT**: print ads
- **RAD**: radio airtime and production costs
- **RFD**: 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)

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<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $**  2,346.00

FPPC Form 460 (Jan/2016)
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www.fppc.ca.gov