Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 3-21-2018
through 6-30-2018

Date of election if applicable:
(Month/Year)

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 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:
   - Pre-election Statement
   - Quarterly Statement
   - Semi-annual Statement
   - Special Occasion Report
   - Termination Statement (Also file a Form 410 Termination)
   - Amendment (Explain below)

3. Committee Information

   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   OXNARD CHAMBER OF COMMERCE - PAC

   STREET ADDRESS (NO P.O. BOX)
   400E ESPLANADE DR #302

   CITY
   OXNARD
   STATE
   CA
   ZIP CODE
   93036
   AREA CODE/PHONE
   805-983-6118

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

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS

   TREASURER(S)

   NAME OF TREASURER
   AMY FONZO

   MAILING ADDRESS
   400 E ESPLANADE DR #302

   CITY
   OXNARD
   STATE
   CA
   ZIP CODE
   93036
   AREA CODE/PHONE
   805-983-6118

   NAME OF ASSISTANT TREASURER, IF ANY

   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 JULY 25, 2018

BY
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT OR RESPONSIBLE OFFICER OF SPONSOR

EXECUTED ON
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT

EXECUTED ON
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT

EXECUTED ON
SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROONENT

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

1. Monetary Contributions
   - Schedule A, Line 3
   - $2850
   - $4800

2. Loans Received
   - Schedule B, Line 3
   - $0
   - $0

3. SUBTOTAL CASH CONTRIBUTIONS
   - Add Lines 1 + 2
   - $2850
   - $4800

4. Nonmonetary Contributions
   - Schedule C, Line 3
   - $0
   - $0

5. TOTAL CONTRIBUTIONS RECEIVED
   - Add Lines 3 + 4
   - $2850
   - $4800

### Expenditures Made

6. Payments Made
   - Schedule E, Line 4
   - $246
   - $7796

7. Loans Made
   - Schedule H, Line 3
   - $0
   - $0

8. SUBTOTAL CASH PAYMENTS
   - Add Lines 6 + 7
   - $246
   - $7796

9. Accrued Expenses (Unpaid Bills)
   - Schedule F, Line 3
   - $0
   - $0

10. Nonmonetary Adjustment
    - Schedule C, Line 3
    - $0
    - $0

11. TOTAL EXPENDITURES MADE
    - Add Lines 8 + 9 + 10
    - $246
    - $7796

### Current Cash Statement

12. Beginning Cash Balance
    - Previous Summary Page, Line 16
    - $7888

13. Cash Receipts
    - Column A, Line 3 above
    - $2850

14. Miscellaneous Increases to Cash
    - Schedule I, Line 4
    - $4

15. Cash Payments
    - Column A, Line 8 above
    - $246

16. ENDING CASH BALANCE
    - Add Lines 12 + 13 + 14, then subtract Line 15
    - $10496

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

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents
    - See instructions on reverse
    - $0

19. Outstanding Debts
    - Add Line 2 + Line 9 in Column B above
    - $0

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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).
**Schedule A**
Monetary Contributions Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.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>3-31-2018</td>
<td>THRU INTERMEDIARY OXNARD CHAMBER 400 E ESPLANADE DR #302 OXNARD CA 93036</td>
<td>☐ IND</td>
<td>☑ OTH</td>
<td>600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-30-2018</td>
<td>ALL ARE VOLUNTARY CONTRIBUTIONS FOR $50 PER YEAR NONE EQUAL $100 OR MORE</td>
<td>☐ IND</td>
<td>☑ OTH</td>
<td>900</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-31-2018</td>
<td></td>
<td>☐ IND</td>
<td>☑ OTH</td>
<td>650</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-30-2018</td>
<td></td>
<td>☐ IND</td>
<td>☑ OTH</td>
<td>700</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .................................................. $ 0

2. Amount received this period – unitemized monetary contributions of less than $100 .................. $ 2850

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ...................... TOTAL $ 2850

*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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## Schedule E
### Payments Made

Amounts may be rounded to whole dollars.

**Statement covers period**

from **3-21-2018**

through **6-30-2018**

**CALIFORNIA FORM 460**

**Page 4 of 5**

**SCHEDULE E**

**NAME OF FILER**

OXNARD CHAMBER OF COMMERCE - PAC

**I.D. NUMBER**

96-1270

**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 airline and production costs
- **RFC** returned contributions
- **SAL** campaign workers' salaries
- **TEL** t.v. or cable airline 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>CASINO KNIGHTS</td>
<td>FND</td>
<td>DEPOSIT FOR SERVICES</td>
<td>246</td>
</tr>
<tr>
<td>9909 TOPANGA CANYON BLVD #275</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHATS WORTH CA 91311</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 246
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 $ 246

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www.fppc.ca.gov
### Schedule I
#### Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

**Statement covers period**

<table>
<thead>
<tr>
<th>From</th>
<th>Through</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-21-2018</td>
<td>6-30-2018</td>
</tr>
</tbody>
</table>

**OXNARD CHAMBER OF COMMERCE - PAC**

I.D. NUMBER: 96-1270

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-30-2018</td>
<td>CITIZENS BUSINESS BANK 2400 GONZALES ROAD OXNARD CA 93036</td>
<td>INTEREST</td>
<td>1</td>
</tr>
<tr>
<td>4-30-2018</td>
<td></td>
<td>INTEREST</td>
<td>1</td>
</tr>
<tr>
<td>5-31-2018</td>
<td></td>
<td>INTEREST</td>
<td>1</td>
</tr>
<tr>
<td>6-30-2018</td>
<td></td>
<td>INTEREST</td>
<td>1</td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

**Schedule I Summary**

1. Itemized increases to cash this period. ................................................................. $ 0
2. Unitemized increases to cash of under $100 this period. ....................................... $ 4
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) $ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL $ 4