### Recipient Committee
### Campaign Statement
### Cover Page

**Statement covers period**
from 7-1-2018
through 9-22-2018

**Date of election if applicable:**
(Month, Day, Year)
11-6-2018

### 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 6)
- General Purpose Committee
- [ ] Sponsored
- [ ] Small Contributor Committee
- [ ] Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
- [ ] Controlled
  (Also Complete Part 6)
- [ ] Primarily Formed Candidate/Officeholder Committee
  (Also Complete Part 7)

### 2. Type of Statement:
- [ ] Preselection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
  (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

### 3. Committee Information

**Committee Name (Or Candidate's Name If No Committee):**
OXNARD CHAMBER OF COMMERCE - PAC

**I.D. Number:**
96-1270

**Street Address (No P.O. Box):**
400 E ESPLANADE DR #302

**City:**
OXNARD
**State:**
CA
**Zip Code:**
93036
**Area Code/Phone:**
805-983-6118

**Mailing Address:**

**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
OXNARD, CA 93036 805-983-6118

**Name of Assistant Treasurer, If Any:**

**Mailing Address:**

**Optional: Fax / E-Mail Address**

### 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:**
**Date:** OCTOBER 10, 2018

**By:**

**Signature of Treasurer or Assistant Treasurer**

**Executed on:**
**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**

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (TOTAL THIS PERIOD)</th>
<th>Column B (CALENDAR YEAR TOTAL TO DATE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3 $17970</td>
<td>$22770</td>
</tr>
<tr>
<td>Loans Received</td>
<td>Schedule B, Line 3 $0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2 $17970</td>
<td>$22770</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3 $6850</td>
<td>$6850</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4 $24820</td>
<td>$29620</td>
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</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>Schedule E, Line 4 $10927</td>
<td>$18723</td>
</tr>
<tr>
<td>Loans Made</td>
<td>Schedule H, Line 3 $0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7 $10927</td>
<td>$18723</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3 $0</td>
<td>$0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3 $0</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10 $10927</td>
<td>$18723</td>
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</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$10496</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$17970</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$2</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$10927</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$17541</td>
</tr>
</tbody>
</table>

### Notes:

- 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).

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

## Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Cumulative Expenditures Made*</td>
<td>(if Subject to Voluntary Expenditure Limit)</td>
<td>$</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.
## Schedule A Summary

1. Amount received this period — itemized monetary contributions. (Include all Schedule A subtotals.) ............................................................ $15,275

2. Amount received this period — unitemized monetary contributions of less than $100 ................................................................. $2,695

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ............. TOTAL $17,970

### Schedule A

**Monetary Contributions Received**

**Oxnard Chamber of Commerce - PAC**

<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>7-31-2018</td>
<td>Thru Intermediary Oxnard Chamber 400 E Esplanade Dr #302 Oxnard CA 93036</td>
<td></td>
<td></td>
<td>600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-31-2018</td>
<td>All Are Voluntary Contributions For $50 Per Year None Equal $100 or More</td>
<td></td>
<td></td>
<td>800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-31-2018</td>
<td>Stacy Miller Public Affairs P.O. Box 55745 Valencia CA 91385</td>
<td></td>
<td></td>
<td>500</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>8-10-2018</td>
<td>California Resources Corporation P.O. Box 280820 Northridge CA 91328-0820</td>
<td></td>
<td></td>
<td>5,000</td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>8-31-2018</td>
<td>Tom Waddeell State Farm Insurance 2861 N Ventura Road, Suite 101 Oxnard CA 93036</td>
<td></td>
<td></td>
<td>250</td>
<td>250</td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal $7150**

---

*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
<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>8-23-2018</td>
<td>LAW OFFICES OF NANCY KIERSTYN SCHREINER 400 CAMARILLO RANCH RD #102 CAMARILLO CA 93012</td>
<td>☑ IND</td>
<td>NONE</td>
<td>500</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>8-7-2018</td>
<td>WILLIAM BELCHER 1732 FISHER CT OXNARD CA 93035</td>
<td>☑ IND</td>
<td>NONE</td>
<td>150</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>8-10-2018</td>
<td>JULIE MINO 2775 N VENTURA RD #204 OXNARD CA 93036</td>
<td>☑ IND</td>
<td>CEO OXNARD CONVENTION &amp; VISITORS BUREAU</td>
<td>150</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>8-14-2018</td>
<td>KEN OPLINGER 5110 WHITCAP ST OXNARD CA 93035</td>
<td>☑ IND</td>
<td>CEO CHAMBER OF COMMERCE OF SANTA BARBARA</td>
<td>150</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>8-27-2018</td>
<td>HAAS AUTOMATION 2800 STURGIS ROAD OXNARD CA 93030</td>
<td>☑ IND</td>
<td></td>
<td>2500</td>
<td>2500</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $** 3450
<table>
<thead>
<tr>
<th>Date</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>8-27-2018</td>
<td>LAW OFFICE OF MARC L CHARNEY 1000 TOWN CENTER DR #300 OXNARD CA 93036</td>
<td>☑ IND ☑ COM ☑ OTH ☑ PTY ☑ SCC</td>
<td></td>
<td>500</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>8-28-2018</td>
<td>DEBRA LORENTZ 3610 ISLE WAY OXNARD CA 93035</td>
<td>☑ IND ☑ COM ☑ OTH ☑ PTY ☑ SCC</td>
<td>NONE</td>
<td>150</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>8-31-2018</td>
<td>JANI TEK CLEANING SOLUTIONS 2401 EASTMAN AVE #36 OXNARD CA 93030</td>
<td>☑ IND ☑ COM ☑ OTH ☑ PTY ☑ SCC</td>
<td></td>
<td>300</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>8-31-2018</td>
<td>STACY PIZZUTI 2801 N VENTURA RD OXNARD CA 93036</td>
<td>☑ IND ☑ COM ☑ OTH ☑ PTY ☑ SCC</td>
<td>BANKER UMPQUA BANK</td>
<td>150</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>9-4-2018</td>
<td>BIG BRAND TIRES 1313 S OXNARD BLVD OXNARD CA 93030</td>
<td>☑ IND ☑ COM ☑ OTH ☑ PTY ☑ SCC</td>
<td></td>
<td>100</td>
<td>100</td>
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</tr>
</tbody>
</table>

**Subtotal $** 1200
## Schedule A (Continuation Sheet)
### Monetary Contributions Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE</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>
</table>
| 9-4-2018   | VENTURA COUNTY OCCUPATIONAL MEDICAL CENTER  
1901 HOLSER WALK #315  
OXNARD CA 93036 | ☑ IND  
☑ OTH  
☐ COM  
☐ PTY  
☐ SCC | | 150 | 150 | |
| 9-4-2018   | JOHN JOLLY  
1228 N CEDAR  
GLENDALE CA 92107 | ☑ IND  
 ☑ OTH  
 ☐ COM  
 ☐ PTY  
 ☐ SCC | NONE | 100 | 100 | |
| 9-7-2018   | PHIL & MARCIA PINTO  
3630 BANSON ST  
ACTON CA 93510 | ☑ IND  
 ☑ OTH  
 ☐ COM  
 ☐ PTY  
 ☐ SCC | RETIRED | 400 | 400 | |
| 9-7-2018   | NANCY NICOLETTI  
2555 TOWNSGATE RD #200  
WESTLAKE VILLAGE CA 91361 | ☑ IND  
 ☑ OTH  
 ☐ COM  
 ☐ PTY  
 ☐ SCC | RETIRED | 350 | 350 | |
| 9-7-2018   | LABORERS INT UNION LOCAL NO 585  
21 S DOS CAMINOS AVE  
VENTURA CA 93003 | ☑ IND  
 ☑ OTH  
 ☐ COM  
 ☐ PTY  
 ☐ SCC | | 100 | 100 | |

**SUBTOTAL $** 1100

*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 A (Continuation Sheet)
### 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 (If Committee, Also Enter ID 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>9-5-2018</td>
<td>MAC AUDIO VISUAL 6067 OLIVAS PARK DR SUITE H VENTURA CA 93003</td>
<td>☑️ IND</td>
<td>☑️ OTH</td>
<td>150</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>9-5-2018</td>
<td>GUY BARBER 3600 S HARBOR BLVD OXNARD CA 93035</td>
<td>☑️ IND</td>
<td>☑️ OTH</td>
<td>200</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>9-7-2018</td>
<td>CHARLENE PERKINS 3600 S HARBOR9R BLVD OXNARD CA 93035</td>
<td>☑️ IND</td>
<td>☑️ OTH</td>
<td>150</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>9-7-2018</td>
<td>STEVEN GAMA 3600 S HARBOR BLVD OXNARD CA 93035</td>
<td>☑️ IND</td>
<td>☑️ OTH</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>9-7-2018</td>
<td>AARON BUSH 3600 S HARBOR BLVD OXNARD CA 93035</td>
<td>☑️ IND</td>
<td>☑️ OTH</td>
<td>100</td>
<td>100</td>
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**Subtotal:** $700
<table>
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<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 (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-7-2018</td>
<td>LAW OFFICES OF NANCY KIERSTYN SCHREINER</td>
<td>☑ IND ☐ COM ☑ OTH ☐ PTY ☑ SCC</td>
<td></td>
<td>400</td>
<td>900</td>
<td></td>
</tr>
<tr>
<td></td>
<td>400 CAMARILLO RANCH RD #102 CAMARILLO CA 93012</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9-7-2018</td>
<td>PETER ZIERHUT</td>
<td>☑ IND ☑ COM ☑ OTH ☐ PTY ☑ SCC</td>
<td>VICE PRESIDENT HAAS AUTOMATION</td>
<td>425</td>
<td>425</td>
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</tr>
<tr>
<td></td>
<td>2800 STURGIS ROAD OXNARD CA 93030</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-7-2018</td>
<td>MICHAEL MORGAN</td>
<td>☑ IND ☑ COM ☑ OTH ☐ PTY ☑ SCC</td>
<td>NONE</td>
<td>250</td>
<td>250</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4360 TRADEWINDS DR OXNARD CA 93035</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>9-7-2018</td>
<td>STEPHANIE ANGELO</td>
<td>☑ IND ☑ COM ☑ OTH ☐ PTY ☑ SCC</td>
<td>NONE</td>
<td>1200</td>
<td>1200</td>
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</tr>
<tr>
<td></td>
<td>3600 S HARBOR BLVD OXNARD CA 93035</td>
<td></td>
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</tr>
<tr>
<td>9-7-2018</td>
<td>STEVEN GOAD</td>
<td>☑ IND ☑ COM ☑ OTH ☐ PTY ☑ SCC</td>
<td>ANALYST US NAVY</td>
<td>225</td>
<td>225</td>
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</tr>
<tr>
<td></td>
<td>2300 DIAMOND HEAD WAY OXNARD CA 93036</td>
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</tbody>
</table>

SUBTOTAL $ 2500

*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
## Schedule A (Continuation Sheet)
### 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 (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>9-12-2018</td>
<td>STACY MILLER PUBLIC AFFAIRS PO BOX 55745 VALENCIA CA 91385</td>
<td>☑ IND</td>
<td></td>
<td>475</td>
<td>975</td>
<td></td>
</tr>
<tr>
<td>9-12-2018</td>
<td>PETER MARCUS 130 S LOMBARD ST OXNARD CA 93030</td>
<td>☑ IND</td>
<td>CEO GOODWILL INDUSTRIES</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>9-7-2018</td>
<td>CASH SALES OF RAFFLE TICKETS ALL ARE LESS THAN $100</td>
<td>☑ IND</td>
<td></td>
<td>400</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>9-7-2018</td>
<td>CASH SALES OF &quot;CASINO CASH&quot; ALL ARE LESS THAN $100</td>
<td>☑ IND</td>
<td></td>
<td>380</td>
<td>380</td>
<td></td>
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<tr>
<td>9-7-2018</td>
<td>CASH SALE OF SILENT AUCTION ITEM</td>
<td>☑ IND</td>
<td></td>
<td>40</td>
<td>40</td>
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</tbody>
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**SUBTOTAL $ 1395**

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*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 7-1-2018</td>
<td></td>
</tr>
<tr>
<td>through 9-22-2018</td>
<td></td>
</tr>
</tbody>
</table>

**NAME OF FILER**

<table>
<thead>
<tr>
<th>OXNARD CHAMBER OF COMMERCE - PAC</th>
</tr>
</thead>
</table>

**DATE RECEIVED** | **FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)** | **CONTRIBUTOR CODE*** | **IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)** | **AMOUNT RECEIVED THIS PERIOD** | **CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)** | **PER ELECTION TO DATE (IF REQUIRED)** |
|-----------------|---------------------------------|-----------------------|-------------------------------------------------|---------------------|-------------------------------------------------|-------------------------|
| 9-7-2018        | INDIVIDUAL ADMITTANCE TO CASINO NIGHT EVENT ALL ARE LESS THAN $100 EACH | □ IND  
□ COM  
☑ OTH  
□ PTY  
□ SCC | | 475 | 475 | |

**SUBTOTAL $** 475

*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 C
## Nonmonetary Contributions Received

**Amounts may be rounded to whole dollars.**

**Statement covers period from 7-1-2018 through 9-22-2018**

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Contributor</th>
<th>Contributor Code *</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>STACY MILLER PUBLIC AFFAIRS PO BOX 55745 VALENCIA CA 91385</td>
<td>OTH</td>
<td>TV</td>
<td>500</td>
<td>1475</td>
<td></td>
</tr>
<tr>
<td>FLORENCE LA Manno INSURANCE PO BOX 802 CAMARILLO CA 93011</td>
<td>OTH</td>
<td>GIFT CERTIFICATES</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>STACY MILLER PUBLIC AFFAIRS PO BOX 55745 VALENCIA CA 91385</td>
<td>OTH</td>
<td>3-NIGHT CABO SAN LUCAS STAY</td>
<td>1000</td>
<td>2475</td>
<td></td>
</tr>
<tr>
<td>STACY MILLER PUBLIC AFFAIRS PO BOX 55745 VALENCIA CA 91385</td>
<td>OTH</td>
<td>4-NIGHT CABO SAN LUCAS STAY WITH AIRFARE</td>
<td>1700</td>
<td>4175</td>
<td></td>
</tr>
</tbody>
</table>

*Contributor Codes
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COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Attach additional information on appropriately labeled continuation sheets.**

**SUBTOTAL $ 3300**

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions.
   (Include all Schedule C subtotals.) ................................................................. $ 6495
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ......................... $ 355
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 $ 6850
## Schedule C
### Nonmonetary Contributions Received

**Statement covers period** from 7-1-2018 through 9-22-2018

### OXNARD CHAMBER OF COMMERCE - PAC

<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>9-5-2018</td>
<td>STACY MILLER PUBLIC AFFAIRS PO BOX 55745 VALENCIA CA 91385</td>
<td>☑️ IND ☐ COM ☑️ OTH ☐ PTY ☐ SCC</td>
<td></td>
<td>LA KINGS TICKETS</td>
<td>850</td>
<td>5025</td>
<td></td>
</tr>
<tr>
<td>9-5-2018</td>
<td>CROWNE PLAZA VENTURA BEACH 450 E HARBOR BLVD VENTURA CA 93001</td>
<td>☑️ IND ☐ COM ☑️ OTH ☐ PTY ☐ SCC</td>
<td></td>
<td>1-NIGHT STAY</td>
<td>300</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>9-5-2018</td>
<td>SOUTHERN CALIFORNIA JET SKIS 3600 S HARBOR BLVD OXNARD CA 93035</td>
<td>☑️ IND ☐ COM ☑️ OTH ☐ PTY ☐ SCC</td>
<td></td>
<td>ELECTRIC BOAT RENTALS</td>
<td>200</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>9-5-2018</td>
<td>EMBASSY SUITES MANDALAY BEACH RESORT 2101 MANDALAY BEACH ROAD OXNARD CA 93035</td>
<td>☑️ IND ☐ COM ☑️ OTH ☐ PTY ☐ SCC</td>
<td></td>
<td>2-NIGHT STAY</td>
<td>500</td>
<td>500</td>
<td></td>
</tr>
</tbody>
</table>

**Attach additional information on appropriately labeled continuation sheets.**

**SUBTOTAL $** 1850

### Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) $ 6495
2. Amount received this period – unitemized nonmonetary contributions of less than $100 $ 355
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 $ 6850

---

**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 C
Nonmonetary 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>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-5-2018</td>
<td>LAW OFFICES OF NANCY KIERSTYN SCHREINER 400 CAMARILLO RANCH RD #102 CAMARILLO CA 93012</td>
<td>☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC</td>
<td>3 BOTTLES OF SEA SMOKE WINE</td>
<td>450</td>
<td>1350</td>
<td></td>
</tr>
<tr>
<td>9-5-2018</td>
<td>LEVITY LIVE COMEDY CLUB 591 COLLECTION BLVD #4020 OXNARD CA 93036</td>
<td>☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC</td>
<td>TICKETS AND LOGO MERCHANDISE</td>
<td>300</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>9-5-2018</td>
<td>DAVE CASTRO PHOTOGRAPHY 113 LA GRANADA OXNARD CA 93035</td>
<td>☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC</td>
<td>PHOTO PRINT</td>
<td>450</td>
<td>450</td>
<td></td>
</tr>
<tr>
<td>9-5-2018</td>
<td>HIGH TIDES AND GREEN GRASS 2401 VINEYARD AVENUE OXNARD CA 93036</td>
<td>☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC</td>
<td>GOLF FOR FOUR PEOPLE</td>
<td>145</td>
<td>145</td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL $** 1345

---

### Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.  
   (Include all Schedule C subtotals.) ................................................................. $ 6495

2. Amount received this period – unitemized nonmonetary contributions of less than $100 .................................................. $ 355

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 $** 6850

---

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

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## Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .................................................. $ 

2. Unitemized contributions and independent expenditures made this period of under $100................................................................. $ 

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ........ TOTAL $ 

---

### Schedule D

**Summary of Expenditures**

**Supporting/Opposing Other Candidates, Measures and Committees**

**NAME OF FILER**

OXNARD CHAMBER OF COMMERCE - PAC

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT 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>9-6-2018</td>
<td>KEN OPLINGER FOR OXNARD CITY COUNCIL 2018 5110 WHITECAP STREET OXNARD CA 93035</td>
<td>☑ Monetary Contribution</td>
<td>FPPC #1409257</td>
<td>7500</td>
<td>7500</td>
<td></td>
</tr>
</tbody>
</table>

### Support

☑ Support ☐ Oppose

☐ Monetary Contribution
☐ Nonmonetary Contribution
☐ Independent Expenditure

☐ Support ☐ Oppose

☐ Monetary Contribution
☐ Nonmonetary Contribution
☐ Independent Expenditure

☐ Support ☐ Oppose

☐ Monetary Contribution
☐ Nonmonetary Contribution
☐ Independent Expenditure

---

**SUBTOTAL $**

---

**CALIFORNIA FORM 460**

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I.D. NUMBER
96-1270

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### Schedule E Payments Made

**Amounts may be rounded to whole dollars.**

**Statement covers period from 7-1-2018 through 9-22-2018**

**Oxnard Chamber of Commerce - PAC**

**I.D. NUMBER**

<table>
<thead>
<tr>
<th>CODE</th>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>FND</td>
<td>LA DOLCE VITA 740 SOUTH B STREET OXNARD CA 93030</td>
<td>CATERING</td>
<td>2532</td>
</tr>
<tr>
<td>OFC</td>
<td>HARLAND CLARK C/O CITIZENS BUSINESS BANK 2400 E GONZALES ROAD OXNARD CA 93036</td>
<td>CHECK PRINTING CHARGE</td>
<td>20</td>
</tr>
<tr>
<td>FND</td>
<td>FEDEX OFFICE 2350 E VINEYARD AVE OXNARD CA 93036</td>
<td>PRINTING FOR FUNDRAISER</td>
<td>138</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $ 2690**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 3427
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 $ 3427
### Schedule E (Continuation Sheet)

**Payments Made**

**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 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>CASINO KNIGHTS</td>
<td>FND</td>
<td>CASINO SERVICES</td>
<td>737</td>
</tr>
<tr>
<td>9909 TOPANGA CANYON BLVD #275 CHATSWORTH 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.

**SUBTOTAL $**

737
### Schedule I Summary

1. Itemized increases to cash this period. .......................................................... $ 0
2. Unitemized increases to cash of under $100 this period. .................................. $ 2
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 $ 2

---

**Schedule I**

**Miscellaneous Increases to Cash**

**SEE INSTRUCTIONS ON REVERSE**

**NAME OF FILER**

**OXNARD CHAMBER OF COMMERCE - PAC**

<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>7-29-2018</td>
<td>CITIZENS BUSINESS BANK</td>
<td>INTEREST</td>
<td>1</td>
</tr>
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<td></td>
<td>2400 E GONZALES ROAD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>OXNARD CA 93036</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-31-2018</td>
<td>&quot; &quot; &quot; &quot;</td>
<td>INTEREST</td>
<td>1</td>
</tr>
</tbody>
</table>

*Attach additional information on appropriately labeled continuation sheets.*

---

**Statement covers period from 7-1-2018 through 9-22-2018**

**CALIFORNIA FORM 460**

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I.D. NUMBER

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