Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 10/21/2018
through 12/31/2018

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 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)

☐ Preelection Statement
☐ Quarterly Statement
☐ Semi-annual Statement
☑ Special Odd-Year Report
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)

2. Type of Statement:

3. Committee Information

I.D. NUMBER
1409812

COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
Gabriela Basua for City Council District 5 2018

STREET ADDRESS (NO P.O. BOX)
3700 Dallas Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93033 805-443-1268

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
gbasua1@yahoo.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 11/19/19

By
Signature of Treasurer or Assistant Treasurer

Executed on 11/19/19

By
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on

By
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on

By
Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Gabriela Basua
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Oxnard City Council District 5
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3700 Dallas Drive Oxnard CA 93033

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

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

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

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Attach continuation sheets if necessary.
### Contributions Received

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL THIS PERIOD</strong> (FROM ATTACHED SCHEDULES)</td>
<td><strong>CALIFORNIA YEAR TOTAL TO DATE</strong></td>
</tr>
<tr>
<td>$1749.00</td>
<td>$7040.00</td>
</tr>
<tr>
<td>$85.75</td>
<td>$1085.75</td>
</tr>
<tr>
<td>$1834.75</td>
<td>$8125.75</td>
</tr>
<tr>
<td>$1834.75</td>
<td>$8125.75</td>
</tr>
</tbody>
</table>

#### Expenditures Made

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL EXPENDITURES MADE</strong></td>
<td><strong>8125.75</strong></td>
</tr>
<tr>
<td>$3039.75</td>
<td>$8125.75</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ENDING CASH BALANCE</strong></td>
<td><strong>0.00</strong></td>
</tr>
<tr>
<td>Add Lines 12 + 13 + 14, then subtract Line 15</td>
<td></td>
</tr>
</tbody>
</table>

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).

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / /</td>
<td>$ / / /</td>
</tr>
</tbody>
</table>

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

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**FFPC Form 460** (Jan/2016)

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www.fppc.ca.gov
Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period from 10/21/2018 through 12/31/2018

NAME OF FILER
Gabriela Basua
I.D. NUMBER 1409812

<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>10/22/2018</td>
<td>Oxnard Firefighters - Local 1684 PO BOX 5503 Oxnard CA 93030</td>
<td>☑ COM</td>
<td></td>
<td>1000.00</td>
<td>1000.00</td>
<td></td>
</tr>
<tr>
<td>10/29/2018</td>
<td>Oxnard 2020 Coalition 30101 Town Center Drive Ste 204 Laguna Niguel, CA 92677</td>
<td>☑ COM</td>
<td></td>
<td>250.00</td>
<td>250.00</td>
<td></td>
</tr>
<tr>
<td>10/28/2018</td>
<td>Parkstone Companies 3033 5th Avenue STE 335 San Diego, CA 92103</td>
<td>☑ COM</td>
<td></td>
<td>250.00</td>
<td>250.00</td>
<td></td>
</tr>
<tr>
<td>10/28/2018</td>
<td>Thomas Cady 3102 Brookwood Lane Oxnard, CA 93036</td>
<td>☑ COM Retired Police Officer</td>
<td></td>
<td>150.00</td>
<td>150.00</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 1650.00

Schedule A Summary
1. Amount received this period - itemized monetary contributions.
   (Include all Schedule A subtotals.) .............................................. $ 1650.00
2. Amount received this period - unitized monetary contributions of less than $100 ................ $ 99.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)................. TOTAL $ 1749.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee
**Schedule B – Part 1**

**Loans Received**

Amounts may be rounded to whole dollars.

**Statement covers period**

<table>
<thead>
<tr>
<th>From</th>
<th>Through</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/21/2018</td>
<td>12/31/2018</td>
</tr>
</tbody>
</table>

**Gabriela Basua**

**1085.75**

**Date Due:**

**2018-09-05**

**Date Incurred:**

**2018-09-05**

**Amounts**

<table>
<thead>
<tr>
<th>Outstanding Balance at Close of This Period</th>
<th>Interest Paid This Period</th>
<th>Original Amount of Loan</th>
<th>Cumulative Amount of Loans to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1085.75</td>
<td>0%</td>
<td>$1000.00</td>
<td>$1085.75</td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period.
   (Total Column (b) plus unitemized loans of less than $100.)
   $85.75

2. Loans paid or forgiven this period.
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.)
   Enter the net here and on the Summary Page, Column A, Line 2.
   NET $85.75

*Contributor Codes*

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

**CALIFORNIA FORM 460**

Page 5 of 6

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**Notes:**

*Amounts forgiven or paid by another party also must be reported on Schedule A.

**If required.**
<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Lazer Broadcasting 200 South A Street #400 Oxnard, CA 93030</td>
<td>RAD</td>
<td>Radio Airtime</td>
<td>2534.00</td>
</tr>
<tr>
<td>Postage</td>
<td>POS</td>
<td>Postage for Postcards</td>
<td>505.75</td>
</tr>
</tbody>
</table>

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

SUBTOTAL $3039.75

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................ $3039.75
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 $3039.75

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