**Recipient Committee Campaign Statement Cover Page**

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

**Date of election if applicable:** 11/06/2018

**Type of Recipient Committee:**
- Officeholder, Candidate Controlled Committee
- Recall (Also Complete Part 3)
- General Purpose Committee
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

**Type of Statement:**
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)

**Committee Information**

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>1409926</th>
</tr>
</thead>
</table>

**COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):**
Elizabeth White for City Council 2018

**STREET ADDRESS (NO P.O. BOX):**
5280 Cypress Road

**MAILING ADDRESS:**
Oxnard, CA 93033 (805) 607-9603

**Treasurer(s):**

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>Elizabeth White</th>
</tr>
</thead>
</table>

**MAILING ADDRESS:**
5280 Cypress Road

**NAME OF ASSISTANT TREASURER, IF ANY:**

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxnard</td>
<td>CA</td>
<td>93033</td>
<td>(805) 607-9603</td>
</tr>
</tbody>
</table>

**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: 12/31/2018
- Date: 12/31/2018
- Date: 12/31/2018
- Date: 12/31/2018

**By**

- Signature of Treasurer or Assistant Treasurer
- Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
- Signature of Controlling Officerholder, Candidate, State Measure Proponent
- 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
Elizabeth White

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member (District 5)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
5280 Cypress Road 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 SUPPORT OPPOSE

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

Elizabeth White City Council Member

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

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

Attach continuation sheets if necessary
## Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total Period)</th>
<th>Column B (Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$1,775.00</td>
<td>$2,314.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$-900.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2</td>
<td>$875.00</td>
<td>$2,314.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4</td>
<td>$1,077.58</td>
<td>$2,516.58</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total Period)</th>
<th>Column B (Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$1,610.00</td>
<td>$2,485.00</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7</td>
<td>$1,610.00</td>
<td>$2,485.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10</td>
<td>$1,812.58</td>
<td>$2,687.58</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total Period)</th>
<th>Column B (Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$564.00</td>
<td></td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>$875.00</td>
<td></td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>$1,610.00</td>
<td></td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>$0.00</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

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</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.

## Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A (Total Period)</th>
<th>Column B (Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Schedule A
## 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</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>10/22/18</td>
<td>Southern California District Council of Laborers PAC 555 Capitol Mall, Suite 400 Sacramento, CA 95814-4503 #1358150</td>
<td>☑ IND ☐ COM ☐ OTH ☑ PTY ☐ SCC</td>
<td></td>
<td>$300.00</td>
<td>$300.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>10/26/18</td>
<td>Grow Elect 30101 Town Center Drive Suite 204 Laguna Niguel, CA 92677 #1342160</td>
<td>☑ IND ☑ COM ☐ OTH ☐ PTY ☑ SCC</td>
<td></td>
<td>$500.00</td>
<td>$500.00</td>
<td>$500.00</td>
</tr>
<tr>
<td>10/26/18</td>
<td>Southwest Regional Council of Carpenters 533 South Freemont Avenue 10th Floor Los Angeles, CA 90071</td>
<td>☑ IND ☐ COM ☐ OTH ☑ PTY ☐ SCC</td>
<td></td>
<td>$950.00</td>
<td>$950.00</td>
<td>$950.00</td>
</tr>
</tbody>
</table>

| Subtotal | $1,750.00 |

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) .......................................................... $ $1,750.00
2. Amount received this period – unitemized monetary contributions of less than $100 .................. $ $25.00
3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..................... TOTAL $ $1,775.00

*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)  
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www.fppc.ca.gov
Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

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

CALIFORNIA FORM 460

Page 6 of 7

NAME OF FILER

Elizabeth White

I.D. NUMBER

1409925

FULL NAME, STREET ADDRESS AND ZIP CODE
OF LENDER
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Elizabeth White
5280 Cypress Road
Oxnard, CA 93033

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

CNA
C Street Health Associate

OUTSTANDING BALANCE BEGINNING THIS PERIOD

(a) $ 900.00

(b) AMOUNT RECEIVED THIS PERIOD

$ 0.00

(c) AMOUNT PAID OR FORGIVEN THIS PERIOD

✓ PAID
$ 729.00
✓ FORGIVEN
$ 171.00

(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

11/6/18
DATE DUE

(e) INTEREST PAID THIS PERIOD

$ 900.00

(f) ORIGINAL AMOUNT OF LOAN

$ 900.00

(g) CUMULATIVE CONTRIBUTIONS TO DATE

CALENDAR YEAR
7/19/18
DATE INCURRED

IND
COM
OTH
PTY
SCC

SUBTOTALS $ 0.00 $ 900.00 $ 0.00 $ 900.00

Schedule B Summary

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

$ 0.00

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.)

$ 900.00

3. Net change this period. (Subtract Line 2 from Line 1.)

NET $ -900.00

(May be a negative number)

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

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (666/275-3772)
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 (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>CUMULATIVE TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ OTH</td>
<td>□ PTY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Elizabeth White**

I.D. NUMBER
1409925

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) .............................................................................................................. $ 202.58

2. Amount received this period – unitemized nonmonetary contributions of less than $100 .............................................................................................................. $ 0.00

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 $ 202.58

---

*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 E Payments Made**

**NAME OF FILER**

Elizabeth White

**NAME AND ADDRESS OF PAYEE**

**NAME AND ADDRESS OF PAYEE**

(If committee, also enter I.D. number)

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>LIBERTY PRINTING</td>
<td>$675.00</td>
</tr>
<tr>
<td>WEB</td>
<td>ALTAMIRA MEDIA</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) $1,175.00
2. Unitemized payments made this period of under $100 $435.00
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.) $1,610.00

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