Recipie Committee
Campaign Statement
Cover Page

Statement covers period from______ 07/01/2019 through______12/31/2019

Date of election if applicable: (Month, Day, Year) 2020 JAN-2 AM 10:17

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 8)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Ballot Measure Committee
☐ Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

☐ Preelection Statement
☐ Semi-annual Statement
☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Amendment (Explain below)

2. Type of Statement:

3. Committee Information

I.D. NUMBER 1386883

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Chavez for Council 2020

STREET ADDRESS (NO P.O. BOX)
1920 W Hemlock St

CITY Oxnard
STATE CA
ZIP CODE 93035
AREA CODE/PHONE 805.946.3516

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

CITY Oxnard
STATE CA
ZIP CODE 93035
AREA CODE/PHONE 805.946.3516

MAILING ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS
info@danielchavezjr.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______01/01/2020______ Date

By ________________

Signature of Treasurer/Controller/Recipie Committee

By ________________

Signature of Controlling Officer/Candidate, State Measure Propponent or Responsible Office of Sponsor

By ________________

Signature of Controlling Officer/Candidate, State Measure Propponent

By ________________

Signature of Controlling Officer/Candidate, State Measure Propponent

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

**NAME OF OFFICEHOLDER OR CANDIDATE**

Daniel Chavez, Jr.

**OFFICE Sought OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)**

Councilman, City of Oxnard Council District 4

**RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP**

1920 W Hemlock St Oxnard, CA 93035

**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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

### 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 PROONENT**

**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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE Sought OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUPPORT</strong></td>
<td><strong>OPPOSE</strong></td>
</tr>
<tr>
<td><strong>SUPPORT</strong></td>
<td><strong>OPPOSE</strong></td>
</tr>
<tr>
<td><strong>SUPPORT</strong></td>
<td><strong>OPPOSE</strong></td>
</tr>
</tbody>
</table>

**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**

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE Sought OR HELD**

**SUPPORT**

**OPPOSE**

*Attach continuation sheets if necessary*
### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Total This Period</th>
<th>Column B Calendar Year Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$100.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$100.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$100.00</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Total This Period</th>
<th>Column B Calendar Year Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$84.00</td>
<td>$84.00</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$84.00</td>
<td>$84.00</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$84.00</td>
<td>$84.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Total This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$95.93</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>$100.00</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>$0.00</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>$84.00</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>$111.93</td>
</tr>
</tbody>
</table>

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

### Loan Guarantees Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Total This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. LOAN GUARANTEES RECEIVED</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Total This Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Cash Equivalents</td>
<td>$50.00</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>$50.00</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 8 (if any).
## 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 (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>
</table>
| 11/27/2019    | Ronda Baldwin-Kennedy  
217 Smoke Tree Ave.  
Oak Park, CA 91377                                                                 | ✓ IND              | Attorney  
Law Offices of RBK                                                                 | 100.00                    |                                             |                                  |

### Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.).................................................................$ 100.00

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

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

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Schedule E Payments Made

Amounts may be rounded to whole dollars.


Statement covers period from 07/01/2019 through 12/31/2019

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NAME OF FILER

Chavez for Council 2020

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 OR DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<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.) .................................................. $  
2. Unitemized payments made this period of under $100 ............................................................... $ 84.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).................. $  
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)............................................... TOTAL $ 84.00

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