Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

Statement covers period
from 01/01/2018
to 04/21/2018

Date of election if applicable:
(Month, Day, 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 8)
   □ Primarily Formed Ballot Measure Committee
   ○ Controlled
   ○ Sponsored
      (Also Complete Part 8)
   □ General Purpose Committee
   ○ Sponsored
   ○ Small Contributor Committee
   ○ Political Party/Central Committee
   ○ Primarily Formed Candidate/Officeholder Committee
      (Also Complete Part 7)

2. Type of Statement:
   □ Preelection Statement
   □ Semi-annual Statement
   □ Termination Statement
   (Also file a Form 410 Termination)
   □ Amendment (Explain below)
      ________________________________________________________________

3. Committee Information
   I.D. NUMBER
   1403750

   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Oxnard 2020 Coalition

   STREET ADDRESS (NO P.O. BOX)
   400 E. Esplanade Dr. #302

   CITY
   Oxnard

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

   CITY

   OPTIONAL: FAX / E-MAIL ADDRESS
   rebecca@politicalfinancesolutions.com

   NAME OF TREASURER
   Rebecca Luby

   MAILING ADDRESS
   30101 Town Center Dr. Ste. 204

   CITY
   Laguna Niguel

   NAME OF ASSISTANT TREASURER, IF ANY
   Bryan Burch

   MAILING ADDRESS
   same as above

   CITY

   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 04/26/2018
   By ____________________________
   Signature of Treasurer or Assistant Treasurer

   Executed on ____________________________
   By ____________________________
   Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on ____________________________
   By ____________________________
   Signature of Controlling Officer/holder, Candidate, State Measure Proponent

   Executed on ____________________________
   By ____________________________
   Signature of Controlling Officer/holder, Candidate, State Measure Proponent

www.netfile.com
5. **Officeholder or Candidate Controlled Committee**

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td></td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>CITY</td>
</tr>
</tbody>
</table>

**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>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE? □ YES □ NO</td>
<td></td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

6. **Primarily Formed Ballot Measure Committee**

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
<td>JURISDICTION</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

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

*Attach continuation sheets if necessary*
## Contributions Received

1. Monetary Contributions ........................................... Schedule A, Line 3 $6,099.00 $6,099.00
2. Loans Received .................................................. Schedule B, Line 3 $0.00 $0.00
3. SUBTOTAL CASH CONTRIBUTIONS ............................... Add Lines 1 + 2 $6,099.00 $6,099.00
4. Nonmonetary Contributions ..................................... Schedule C, Line 3 $0.00 $0.00
5. TOTAL CONTRIBUTIONS RECEIVED ............................. Add Lines 3 + 4 $6,099.00 $6,099.00

## Expenditures Made

6. Payments Made .................................................. Schedule E, Line 4 $3,692.54 $3,692.54
7. Loans Made ..................................................... Schedule H, Line 3 $0.00 $0.00
8. SUBTOTAL CASH PAYMENTS .................................... Add Lines 6 + 7 $3,692.54 $3,692.54
9. Accrued Expenses (Unpaid Bills) ............................... Schedule F, Line 3 $0.00 $0.00
10. Nonmonetary Adjustment ....................................... Schedule C, Line 3 $0.00 $0.00
11. TOTAL EXPENDITURES MADE .................................... Add Lines 8 + 9 + 10 $3,692.54 $3,692.54

## Current Cash Statement

12. Beginning Cash Balance ....................................... Previous Summary Page, Line 16 $0.00 $0.00
13. CashReceipts .................................................. Column A, Line 3 above $6,099.00 $6,099.00
14. Miscellaneous Increases to Cash .............................. Schedule I, Line 4 $0.00 $0.00
15. Cash Payments .................................................. Column A, Line 6 above $3,692.54 $3,692.54
16. ENDING CASH BALANCE ....................................... Add Lines 12 + 13 + 14, then subtract Line 15 $2,406.46 $2,406.46

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

17. LOAN GUARANTEES RECEIVED ................................ Schedule B, Part 2 $0.00 $0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ............................................... See instructions on reverse $0.00 $0.00
19. Outstanding Debts ............................................... Add Line 2 + Line 9 in Column B above $0.00 $0.00

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**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

1/1 through 6/30 7/1 to Date

20. Contributions Received ......................................... $  
21. Expenditures Made ............................................... $  

**Expenditure Limit Summary for State Candidates**

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

Date of Election (mm/dd/yyyy) 

$  

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

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

**Statement covers period from** 01/01/2018 **through** 04/23/2018

<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>04/20/2018</td>
<td>Oxnard Chamber of Commerce PAC (ID# 961270) 400 E. Esplanade Dr. Oxnard, CA 93036</td>
<td>☐ IND</td>
<td>◐ OTH</td>
<td>5,000.00</td>
<td>5,000.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ COM</td>
<td>◐ PTY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ OTH</td>
<td>◐ SCC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/20/2018</td>
<td>AMS Craig, LLC 14311 N. Rice Ave. Ste. E Oxnard, CA 93030</td>
<td>☐ IND</td>
<td>◐ OTH</td>
<td>1,000.00</td>
<td>1,000.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ COM</td>
<td>◐ PTY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ OTH</td>
<td>◐ SCC</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|               |                                              | ☐ IND           | ◐ OTH                                                                 |                            |                                                 |                                  |
|               |                                              | ☐ COM           | ◐ PTY                                                                  |                            |                                                 |                                  |
|               |                                              | ☐ OTH           | ◐ SCC                                                                  |                            |                                                 |                                  |

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .......................................................... $ 6,000.00

2. Amount received this period – unitemized 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 $ 6,099.00

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*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

PPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 01/01/2018 through 04/21/2018

NAME OF FILER
Oxnard 2020 Coalition

I.D. NUMBER
3403750

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>Rincon, LLC</td>
<td>CNS</td>
<td>1,472.54</td>
</tr>
<tr>
<td>2355 Portola Rd. Ste. A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventura, CA 93003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rincon, LLC</td>
<td>CMP</td>
<td>1,220.00</td>
</tr>
<tr>
<td>2355 Portola Rd. Ste. A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventura, CA 93003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rincon, LLC</td>
<td>WEB</td>
<td>1,000.00</td>
</tr>
<tr>
<td>2355 Portola Rd. Ste. A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventura, CA 93003</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 3,692.54

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 3,692.54
2. Unitemized payments made this period of under $100 $ 0.00
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.) TOTAL $ 3,692.54

FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
www.fppc.ca.gov

www.netfile.com