**Recipient Committee**
**Campaign Statement**
**Cover Page**

### 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
  - (Also Complete Part 7)
  - [ ] Primarily Formed Ballot Measure Committee
  - [ ] Primarily Formed Candidate/Officeholder Committee

### Type of Statement:
- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
  - (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)

### Committee Information
- **I.D. NUMBER**: 96-1270
- **COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)**:
  - OXNARD CHAMBER OF COMMERCE - PAC

**STREET ADDRESS (NC P.O. BOX)**
- 400 E ESPLANADE DR #302
- **CITY**: OXNARD
- **STATE**: CA
- **ZIP CODE**: 93036
- **AREA CODE/PHONE**: 805-983-6118

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

**OPTIONAL: FAX / E-MAIL ADDRESS**

### Treasurer(s)
- **NAME OF TREASURER**: AMY FONZO
- **MAILING ADDRESS**: 400 E ESPLANADE DR #302
- **CITY**: OXNARD
- **STATE**: CA
- **ZIP CODE**: 93036
- **AREA CODE/PHONE**: 805-983-6118

### 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**: JULY 21, 2020

**By**: Signature of Treasurer or Assistant Treasurer

**Executed on**: Date

**Executed on**: Date

**Executed on**: Date

**Executed on**: Date

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

**By**: Signature of Controlling Officerholder, Candidate, State Measure Proponent

**By**: Signature of Controlling Officerholder, Candidate, State Measure Proponent

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A (Total Period)</th>
<th>Column B (Calendar Year Total to Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$4675</td>
<td>$4675</td>
</tr>
<tr>
<td>Loans received</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$4675</td>
<td>$4675</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$4675</td>
<td>$4675</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments made</td>
<td>$5050</td>
<td>$5050</td>
</tr>
<tr>
<td>Loans made</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$5050</td>
<td>$5050</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$5050</td>
<td>$5050</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

<table>
<thead>
<tr>
<th>Item</th>
<th>Previous Summary Page, Line 16</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$26299</td>
<td>4675</td>
<td>$25936</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td></td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td></td>
<td>5050</td>
<td></td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td></td>
<td>$25936</td>
<td></td>
</tr>
</tbody>
</table>

**Cash Equivalents and Outstanding Debts**

<table>
<thead>
<tr>
<th>Item</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Contributions Received: 1/1 through 6/30
- Expenditures Made: 7/1 to Date

**Expenditure Limit Summary for State Candidates**

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

---

The information is from FPPC Form 460 (Jan/2016). For assistance, contact advice@fppc.ca.gov (866/275-3772) or visit www.fppc.ca.gov.
### Schedule A
Monetary Contributions Received

<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)</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>1-31-2020</td>
<td>THRU INTERMEDIARY OXNARD CHAMBER 400 E ESPLANADE DR #302 OXNARD CA 93036</td>
<td>□ IND</td>
<td>OTH</td>
<td>850</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-28-2020</td>
<td>ALL ARE VOLUNTARY CONTRIBUTIONS NONE EQUAL $100 OR MORE</td>
<td>□ IND</td>
<td>OTH</td>
<td>950</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-31-2020</td>
<td>&quot; &quot; &quot; &quot; &quot; &quot;</td>
<td>□ IND</td>
<td>OTH</td>
<td>900</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-30-2020</td>
<td>&quot; &quot; &quot; &quot; &quot; &quot;</td>
<td>□ IND</td>
<td>OTH</td>
<td>650</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-29-2020</td>
<td>&quot; &quot; &quot; &quot; &quot; &quot;</td>
<td>□ IND</td>
<td>OTH</td>
<td>575</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal $3925**

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ........................................... $ 0

2. Amount received this period – unitemized monetary contributions of less than $100 ........................................... $ 4675

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .................................................. TOTAL $ 4675

*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))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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)</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>6-30-2020</td>
<td>THRU INTERMEDIARY OXNARD CHAMBER 400 E ESPLANADE DR #302 OXNARD CA 93036</td>
<td>□ IND</td>
<td>□ IND</td>
<td>750</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ALL ARE VOLUNTARY CONTRIBUTIONS NONE EQUAL $100 OR MORE</td>
<td>□ IND</td>
<td>□ IND</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ COM</td>
<td>□ COM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ OTH</td>
<td>□ OTH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ PTY</td>
<td>□ PTY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ SCC</td>
<td>□ SCC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ IND</td>
<td>□ IND</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ COM</td>
<td>□ COM</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>□ OTH</td>
<td>□ OTH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ PTY</td>
<td>□ PTY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ SCC</td>
<td>□ SCC</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $ 750**
Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

<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>2-1-2020</td>
<td>VENTURA COUNTY REPUBLICAN PARTY</td>
<td>☑ Monetary Contribution</td>
<td>FPPC#742080</td>
<td>5000</td>
<td>5000</td>
<td></td>
</tr>
</tbody>
</table>

SUBTOTAL $ 5000

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) $ 5000
2. Unitemized contributions and independent expenditures made this period of under $100. $ 0
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL $ 5000
Schedule E Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 1-1-2020 through 6-30-2020

Oxnard Chamber of Commerce - PAC

T.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>California Secretary of State</td>
<td>FIL</td>
<td>ANNUAL FILING FEE</td>
<td>50</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.) ................................................................. $ 0
2. Unitemized payments made this period of under $100 ....................................................................................... $ 50
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 $ 50

FPCC Form 460 (Jan/2016))
FPCC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
**Schedule I**  
**Miscellaneous Increases to Cash**

Amounts may be rounded to whole dollars.

**Statement covers period**

- from 1-1-2020
- through 6-30-2020

**CALIFORNIA FORM 460**

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXNARD CHAMBER OF COMMERCE - PAC</td>
<td>96-1270</td>
</tr>
</tbody>
</table>

<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>
</table>
| 6-30-2020     | CITIZENS BUSINESS BANK  
2400 GONZALES ROAD  
OXNARD CA 93036 | INTEREST               | 12                       |

---

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL $ 12**

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**Schedule I Summary**

1. Itemized increases to cash this period. ................................................................. $ 0
2. Unitemized increases to cash of under $100 this period. ....................................... $ 12
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 $ 12