

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp <i>Received Oxnard City Clerk</i> 2020 JUL 27 PM 3:34	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>18</u>
	For Official Use Only

<b>Statement covers period</b> from <u>1.1.20</u> through <u>6.30.20</u>	<b>Date of election if applicable:</b> (Month, Day, Year) <u>NOV. 3, 2020</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small><br><br><input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small><br><br><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small> |
|---|---|

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement     |
| <input checked="" type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> |  |
| <input type="checkbox"/> Amendment (Explain below)  |  |

**3. Committee Information**

I.D. NUMBER 1422965

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect  
John C. Zaragoza for Mayor 2020

STREET ADDRESS (NO P.O. BOX)

2303 Hidden Valley Ct.

CITY Oxnard STATE CA ZIP CODE 93036 AREA CODE/PHONE 805 983.6685

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER

Tracy Gallaher

MAILING ADDRESS

2319 Channel Dr.

CITY Ventura STATE CA ZIP CODE 93003 AREA CODE/PHONE 805.901.4347

NAME OF ASSISTANT TREASURER, IF ANY

\_\_\_\_\_

MAILING ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

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 7.24.20  
Date

Executed on 7-24-20  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Tracy Gallaher  
Signature of Treasurer or Assistant Treasurer

By John C. Zaragoza  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
John C. Zaragoza

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Mayor of Oxnard

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
2303 Hidden Valley Ct Oxnard CA 93036

**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? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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**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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1.1.20</u> through <u>6.30.20</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>18</u>	I.D. NUMBER <u>1422965</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect John C. Zaragoza for Mayor 2020

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ <u>36,985.00</u>	\$ <u>36,985.00</u>
2. Loans Received..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ <u>36,985.00</u>	\$ <u>36,985.00</u>
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ <u>36,985.00</u>	\$ <u>36,985.00</u>

## 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	\$ _____	\$ _____

## Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ <u>5,675.00</u>	\$ <u>5,675.00</u>
7. Loans Made..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ <u>5,675.00</u>	\$ <u>5,675.00</u>
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ <u>5,675.00</u>	\$ <u>5,675.00</u>

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ <u>5,253.00</u>
13. Cash Receipts..... Column A, Line 3 above	\$ <u>36,985.00</u>
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments..... Column A, Line 8 above	\$ <u>5,675.00</u>
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>36,563.00</u>

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2	\$ <u>0</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

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).

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

**Schedule A  
Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>1.1.20</u> through <u>6.30.20</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>18</u>	I.D. NUMBER <u>1422965</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect John C. Zaragoza for Mayor 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1.12.20	Mike Barber 3701 Orange Dr. Oxnard, CA 93036.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	250-	250-	
1.13.20	Mary Elen Zaragoza 2303 Hidden Valley Ct. Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	500-	500-	
1.15.20	Oxnard Firefighters LOCAL 1684 P.O. Box 5503 (PAC 801523) Oxnard, CA 93031	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000	2,000-	
1.16.20	Arthur Zaragoza 821 James Way Madera, CA 93638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	100-	100-	
1.17.20	Mary Anne Rooney 3701 Orange Dr. Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Port Commissioner Port of Hueneme	100-	100-	

SUBTOTAL \$ 2950-

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 36,155
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 830.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 36,985

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1-1-20</u> through <u>6-30-20</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>18</u>

NAME OF FILER

*Committee to Elect John C. Zaragoza for Mayor 2020*

I.D. NUMBER

*1422965*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<i>1-18-20</i>	<i>Renee Zaragoza 1975 Junto Ln. Oxnard, CA 93036</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Funeral Counselor, Perez Family Funeral</i>	<i>500-</i>	<i>500-</i>	
<i>1-19-20</i>	<i>Ruben + Maria Munoz 3004 Dove Canyon Dr. Oxnard, CA 93036</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>none</i>	<i>1,000-</i>	<i>1,000-</i>	
<i>1-20-20</i>	<i>Janelle Zaragoza 1975 Junto Lane. Oxnard, CA 93036</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>Biologist, County of Ventura</i>	<i>100-</i>	<i>100-</i>	
<i>1-21-20</i>	<i>Linda Parks, Vote for Parks 2018 Glastonbury Rd. Westlake Village, CA 91361</i>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<i>county supervisor County of Ventura</i>	<i>750-</i>	<i>750-</i>	
<i>1-22-20</i>	<i>oxnard Peace Officers Assoc. 251 S. "C" St. Oxnard, CA 93030</i>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>2,000-</i>	<i>2,000-</i>	
<b>SUBTOTAL \$</b>					<b><i>4350-</i></b>	

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(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
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SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1.1.20</u> through <u>6.30.20</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Committee to Elect John C. Zaragoza for Mayor 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1.23.20	Arturo + Priscilla Santana 1945 Junto Lane Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales, C.P. Irrigation	100 -	100 -	
1.25.20	Burrito Express 240 S. Ventura Blvd. Oxnard, CA 93030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500 -	1,500 -	
1.28.20	Marvin + Judy Boos 1421 Huntswood Way Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	300 -	300 -	
1.28.20	Firefighters for Better Govt. 3251 Corte Mal Paso #501c Camarillo, CA 93012	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000 -	1,000 -	
2.7.20	Mary Ellen Zaragoza 2503 Hidden Valley Ct. Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	250 -	750 -	
<b>SUBTOTAL \$</b>				<b>3150 -</b>		

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(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1.1.20</u> through <u>6.30.20</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Committee to Elect John C. Zaragoza for Mayor 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2.7.20	oxnard Market 160 Bryce Canyon Ave. oxnard, CA 93033	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000-	1,000-	
2.13.20	Lynda Parra 5421 Catlow Valley Rd. Fort Worth, TX 76137	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Admn. Federal Aviation Administration	300-	300-	
2.16.20	Sam + Livi Balandran 2401 Summit View Dr. Bedford, TX 76021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	100-	100-	
2.18.20	Oscar + Jaclyn Munoz 3004 Dove Canyon Dr. oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor, social worker, County of Vta.	100-	100-	
2.20.20	manuel Alcantar 1075 Caliente Way oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	handyman	250-	250-	
<b>SUBTOTAL \$</b>				<b>1750-</b>		

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SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1.1.20</u> through <u>6.30.20</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Committee to Elect John C. Zaragoza for Mayor 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2.20.20	Victor Alcanta 1075 Caliente Way Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	R.M.E. Primos Ent.	250-	250-	
2.20.20	DAVID MORA 2377 N. Oxnard Blvd. Oxnard, CA 93031	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner, Ruby's Cafe	500-	500-	
2.20.20	Gregory Ramirez 3140 Strathmore Dr Ventura, CA 93004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney self emp.	500-	500-	
2.20.20	JSL Mastery Paving, Inc. PO Box 4962 Ventura, CA 93004	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500-	500-	
2.20.20	Alfredo Plascencia 1031 Corte Borrosso Camarillo, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner, Radio Lazer	500-	500-	
<b>SUBTOTAL \$</b>				<b>2250-</b>		

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IND - Individual  
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(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1.1.20</u> through <u>6.30.20</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Committee to Elect John C. Zaragoza for Mayor 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2.21.20	Eddre Villareal 5001 Meridian Lane. Keller, TX 76244	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	180-	180-	
2.21.20	SEIU LOCAL 721 CTW, CLC 2472 Eastman Ave. Ventura, CA 93003.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		2,500-	2,500-	
2.25.20	Gilbert & Sandi Zaragoza 199 S "J" St. Oxnard, CA 93033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	200-	200-	
3.4.20	Randy Haney 513 Pleasant Ave. Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor	100-	100-	
3.9.20	Mary Leste 5400 Atlantsct. Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Exec. Dir. Access TLC. Home Care.	300-	300-	
<b>SUBTOTAL \$</b>				<b>3280-</b>		

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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1.1.20</u> through <u>6.30.20.</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Committee to Elect John C. Zaragoza for Mayor 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3.10.20	James Mitchell 910 Barr Highlands Santa Paula, CA 93060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	500-	500-	
3.17.20	Ignacio Carmona 1931 Ontario St Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	100-	100-	
3.19.20	Ahoy Inc. 567 W. CI. Blvd. #411 Port Hueneme, CA 93041	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500-	2,500-	
3.19.20	Lisa Knapp 341 S. "G" St. Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	optometrist	500-	500-	
3.27.20	Shawn Gulterson 3266 Silverado Trail Napa, CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Reynolds Family Winery.	1,000-	1,000-	
SUBTOTAL \$				4600-		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1.1.20</u> through <u>6.30.20</u>	<b>CALIFORNIA FORM 460</b>
Page <u>11</u> of <u>18</u>	I.D. NUMBER <u>1422965</u>

NAME OF FILER

Committee to Elect John C. Zaragoza for Mayor 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3.29.20	Walter Calhoun 978 Scenic Way. Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	100-	100-	
4.9.20	Steven J. Perry 858 Loma Dr. Ojai, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner, J.J. Spirit Zone	1,000-	1,000-	
4.18.20	Haywood + Myra Merricks 3222 Brookwood Lane Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	100-	100-	
4.19.20	Dale Dean 1900 Kensington Lane Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	100-	100-	
4.20.20	Timber Group Investment Fund 290 N "D" Suite 300 San Bernardino, CA 92401	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000-	1,000-	
<b>SUBTOTAL \$</b>				<b>2300-</b>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1.1.20</u> through <u>6.30.20</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

Committee to Elect John C. Zaragoza for Mayor 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4.21.20	Sal Plascencia 1926 Via Veneto Camarillo, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction Plascencia Const.	200 -	200 -	
4.24.20	DAVID WHITE 5059 Via Fresco Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Plaza Dev. Partners.	1,000 -	1,000 -	
4.27.20	Donny Lynch 4755 E. L.A Ave. Somis, CA 93066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Equip Repair, LBL Equip Repair	1,000 -	1,000 -	
4.21.20	Steven Bennett 1851 Terrace Dr. Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County Supv. County of Vta.	500 -	500 -	
4.27.20	Steven Hernandez 6540 La Cumbre Rd. Somis, CA 93066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor H.D. Services	1,000 -	1,000 -	
<b>SUBTOTAL \$</b>				<b>3700 -</b>		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from <u>1.1.20</u>	through <u>6.30.20</u>	
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NAME OF FILER <u>Committee to Elect John C. Zaragoza for Mayor 2020</u>	I.D. NUMBER <u>1422965</u>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4.28.20	Tom Staben, Jr. 1775 Lemonwood Dr. Oxnard, CA 93060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Staben Bros. Contractor	1,000-	1,000-	
4.29.20	Armando Lopez 2023 Keltic Lodge Dr. Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	real estate, Lopez, Broker	1,000-	1,000-	
4.30.20	Donlon Plumbing Inc. 3401 W. 5th St. #130 Oxnard, CA 93030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000-	1,000-	
4.30.20	Mary Ellen Zaragoza 2303 Hidden Valley Ct Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	none	150-	900-	
5.1.20	Ralph Herrera 917 Comanche Ct. Oxnard, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supv. @ S.C.E.	100-	100-	
<b>SUBTOTAL \$</b>				<b>3250-</b>		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
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 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	1.1.20	
through	6.30.20	Page 14 of 18

NAME OF FILER Committee to Elect John C. Zaragoza For Mayor 2020	I.D. NUMBER 1422965
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5.7.20	Jess Herrera 2241 Winged Foot Ct. Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Part of Hueneme, Part Commissioner	100-	100-	
5.13.20	Debbre Acosta 1940 Pamela St. Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Logistician D.O.D.	500	500-	
5.19.20	Dr. Charles Cho 4372 Clubhouse Dr. Somis, CA 93066.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician	100-	100-	
5.27.20	Richard Francis 10779 Lassen Ct. Ventura, CA 93004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Francis + Assoc	500-	500-	
5.20.20	Ramon Flores 1937 Lagoblane Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer US. Navy.	125-	125-	
<b>SUBTOTAL \$</b>				<b>1325-</b>		

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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	1.1.20	
through	6.30.20	Page 15 of 18

NAME OF FILER: Committee to Elect John C. Zaragoza for Mayor 2020 I.D. NUMBER: 1422965

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5.22.20	Acosta Business Service. PO Box 4464 Ventura, CA 93007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500-	500-	
5.29.20	Laborers Intl. Union of North America LOCAL 585 21. S. Dos Caminos, Ventura, CA (PACH 1319672) 93003	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750-	750-	
6.9.20	Carmen Ramirez 631 Ivywood Dr. Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Council member City of Oxnard	100-	100-	
6.5.20	Dennis Brown 3047 Kelp Lane. Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Maintenance Hueneme School District	100-	100-	
5.2.20	Alex Zaragoza 1257 W. Gonzalez Rd. Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner, Zaragoza TAX Service	250-	250-	
<b>SUBTOTAL \$</b>				<b>1700-</b>		

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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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SCHEDULE A (CONT.)

Statement covers period from <u>1.1.20</u> through <u>6.30.20</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <u>Committee to Elect John C. Zaragoza for Mayor 2020</u>	I.D. NUMBER <u>1422965</u>
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2.6.20	Gil Singh 160 Bryce Canyon Ave. Oxnard, CA 93033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner, oxnard Market	300-	300-	
2.6.20	Kulwinder Singh Thandi 3162 Buttercup Lane - Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	self emp. S. Paula Car Wash	1,000-	1,000-	
6.5.20	Sempra Energy 488 8th Ave. San Diego, CA 92101-7123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250-	250-	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 1550 -**

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**Schedule E  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>1-1-20</u> through <u>6-30-20</u>	<b>CALIFORNIA FORM 460</b>
Page <u>17</u> of <u>18</u>	I.D. NUMBER <u>1422965</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect John C. Zaragoza for Mayor 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.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>First Imprint Inc.</u>	<u>LIT</u>	<u>stationary</u>	<u>699-</u>
<u>U.S. Post office</u>	<u>POS</u>	<u>Postage Stamps</u>	<u>110 -</u>
<u>Vida News</u>	<u>PRT</u>	<u>Advertising in Vida News</u>	<u>3,000 -</u>

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

**SUBTOTAL \$** 3809-

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$	<u>5654.00</u>
2. Unitemized payments made this period of under \$100 .....	\$	<u>21.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	<u>Ø</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b>	<u>5675.00</u>

**Schedule E  
(Continuation Sheet)  
Payments Made**

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Statement covers period		<b>CALIFORNIA FORM 460</b>
from	1.1.20	
through	6.30.20.	Page 18 of 18
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Committee to Elect John C. Zaragoza for Mayor 2020		1422965

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Firefighters Print + Design	WEB	Website	1056 -
Fire fighters Print + Design	LIT	Custom Stationary	789 -

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

**SUBTOTAL \$ 1845**