					COVER PAGE
		0;	Date Stamp		FORM 460
0-84216.5)	Statement covers period from	Date of election if applicables (Month, Day, Year)	Fed Ex 9/ autor		For Official Use Only
ntrolled Committee [ n Committee e [ nittee		Termination Statement (Also file a Form 410 1	t [ Fermination)	Quarterly Sta Special Odd- Supplementa	Year Report
TE'S NAME IF NO COMMITT	I.D. NUMBER EE)	Treasurer(s) NAME OF TREASURER Deirdre Frank MAILING ADDRESS		_	
		5244 Seabreeze Way CITY Oxnard	STATE	ZIP CODE	AREA CODE/PHONE (805)217-325
CA 9	0802 (213) 489-4792	NAME OF ASSISTANT TREASU David Gould MAILING ADDRESS	IRER, IF ANY		
	P CODE AREA CODE/PHONE	CITY Long Beach OPTIONAL: FAX / E-MAIL ADD	STATE CA RESS	ZIP CODE 90802	AREA CODE/PHONE (213)489-4792
nce in preparing and revie ne laws of the State of Calif -23-20 Date	wing this statement and to the best of my k ornia that the foregoing is true and correct. Redact By Redacted	ed Signature of Treasurer or Assistant	Treasurer		e and complete. I certify
	0-84216.5)  mittee: All Committees - ntrolled Committee  e ntcommittee  e nttee mittee  TTE S NAME IF NO COMMITT r of Oxnard 2020  685  TTE S NAME IF NO COMMITT r of Oxnard 2020  685  TTE S NAME IF NO COMMITT r of Oxnard 2020  685  TTE S NAME IF NO COMMITT r of Oxnard 2020  685  TTE S NAME IF NO COMMITT r of Oxnard 2020  685  TTE S NAME IF NO COMMITT r of Oxnard 2020  685  TTE S NAME IF NO COMMITT r of Oxnard 2020  685  TTE S NAME IF NO COMMITT r of Oxnard 2020  685  TTE S NAME IF NO COMMITT r of Oxnard 2020  685  . 57ATE ZIF	0-84216.5)       Statement covers period         from       01/01/2020         through       09/19/2020         mittee:       All Committee         normittee       Primarily Formed Ballot Measure         Committee       Controlled         Sponsored       (Aso Complete Parts 1, 2, 3, and 4.         Introlled Committee       Primarily Formed Ballot Measure         Controlled       Sponsored         (Aso Complete Part 8)       Primarily Formed Candidate/         Officeholder Committee       Officeholder Committee         (Aso Complete Part 7)       I.D. NUMBER         I.D. NUMBER       I.D. NUMBER         ITES NAME IF NO COMMITTEE)       F of Oxnard 2020         685       STATE       ZIP CODE       AREA CODE/PHONE         CA       90802       (213) 489-4792         NT) NO. AND STREET OR P.O. BOX       STATE       ZIP CODE       AREA CODE/PHONE         STATE       ZIP CODE       AREA CODE/PHONE       SS         Gegouldorellana.com       State of California that the foregoing is true and correct.       Redacted         Date       By       Redacted         Aredacted       By       Redacted	0-84216.5)  Statement covers period from	0-84218.5)	O-84216.5)  Statement covers period from

By

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

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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

# COVER PAGE - PART 2



#### 5. Officeholder or Candidate Controlled Committee

NAME OF	OFFICEHOLDER OR CANDIDATE	

Deirdre Frank			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER	F APPLICABL	E)
Mayor City of Oxnard			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
5244 Seabreeze Way	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.* 

COMMITTEE NAME		I.D. NUM	BER
NAME OF TREASURER		CONTRO	LLED COMMITTEE?
		_ YE	S 🗌 NO
COMMITTEE ADDRESS	STREET ADDRESS (	NO P.O. BOX)	
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME		I.D. NUM	BER
NAME OF TREASURER		CONTRO	LLED COMMITTEE?
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	

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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Attach continuation sheets if necessary

Campaign Disclosure Statement							SUMMARY PAG
Summary Page		Amounts may be rounded to whole dollars.			State	ment covers period	CALIFORNIA 460
		to whole ushars.			from	01/01/2020	FORM 400
SEE INSTRUCTIONS ON REVERSE					through	09/19/2020	Page of
NAME OF FILER							I.D. NUMBER
Deirdre Frank for Mayor of Oxnard 2020							1430929
Contributions Received		COLUMN A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)		Column Calendar y Total to D	'EAR		nmary for Candidates he State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	5,575.00	\$	5,	575.00		
2. Loans Received Schedule B, Line 3		0.00			0.00	1/1 tł	hrough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	5,575.00	\$	5,	575.00	20. Contributions Received \$	\$
4. Nonmonetary Contributions Schedule C, Line 3		5,082.31		5,	082.31	21. Expenditures	
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	10,657.31	\$	10,	657.31	Made \$	
Expenditures Made						Expenditure Limit S	Summary for State
6. Payments Made Schedule E, Line 4	\$	78.70	\$		78.70	Candidates	
7. Loans Made Schedule H, Line 3		0.00			0.00	22 Cumulatio	. For a dia second state
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	78.70	\$		78.70		ve Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		850.00		·····	850.00	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		5,082.31		5,	082.31	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	6,011.01	\$	6,	011.01	]	\$
Current Cash Statement						//	\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	Т	o calculate Colun	nn B. add		
13. Cash Receipts Column A, Line 3 above		5,575.00	a	mounts in Colum	n A to the		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fr	orresponding arr om Column B of	your last	*Amounts in this section m reported in Column B.	nay be different from amounts
15. Cash Payments		78.70		eport. Some amo Column A may be			
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	5,496.30	fi	gures that should	d be		
If this is a termination statement, Line 16 must be zero.			p	ubtracted from p eriod amounts. I	f this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	fc	ne first report bei or this calendar y arry over the am	ear, only		
Cash Equivalents and Outstanding Debts			fr	om Lines 2, 7, a			
18. Cash Equivalents See instructions on reverse	\$	0.00		.ny).			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	850.00					
			1			1	EPPC Form 460 (Jan/20

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov Schedule A SCHEDULE A Amounts may be rounded **Monetary Contributions Received** Statement covers period CALIFORNIA to whole dollars. 460 FORM 01/01/2020 from \_ through \_\_\_\_\_09/19/2020 Page \_\_\_\_\_ of \_\_\_\_\_ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Deirdre Frank for Mayor of Oxnard 2020 1430929 AMOUNT CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR DATE OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE \* RECEIVED (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN, 1 - DEC, 31) (IF REQUIRED) OF BUSINESS) 09/01/2020 Rene Aiu X IND Retired 750.00 750.00 Redacted Oxnard, CA 93035 None COM []OTH **PTY** SCC 09/01/2020 Cornelia Baer X IND Retired 200.00 200.00 Redacted None []COM Ventura, CA 93001 **OTH PTY** SCC 09/01/2020 Karen Brooks Retired X IND 200.00 200.00 Redacted None COM Downey, CA 93035 OTH SCC 09/01/2020 Nancy Laufer Retired 500.00 500.00 X IND None COM Oxnard Shores, CA 93035 **∏OTH PTY** SCC 09/04/2020 Allan Ball Atorney 100.00 100.00 X IND Redacted Ball & York Ventura, CA 93003 Received through intermediary: **∏**OTH Efundraising Connections 2831 G St., Ste. 200 **PTY** Sacramento, CA 95816 SCC SUBTOTAL\$ 1,750.00 Schedule A Summary \*Contributor Codes 1. Amount received this period – itemized monetary contributions. IND-Individual COM - Recipient Committee (Include all Schedule A subtotals.) .....\$ \_ 5,475.00 (other than PTY or SCC) OTH - Other (e.g., business entity) 2. Amount received this period – unitemized monetary contributions of less than \$100 ...... \$ 100.00 PTY - Political Party SCC - Small Contributor Committee Total monetary contributions received this period. 

> FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

5,575.00

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole (		Statement cove		SCHEDULE A (CONT CALIFORNIA FORM 460		
				through09/19/	<sup>/2020</sup> P	age <u>5</u> of <u>10</u>		
AME OF FILER			1987 - man		ł.	D. NUMBER		
eirdre Frank	k for Mayor of Oxnard 2020				1	430929		
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 D/ CALENDAR YEA (JAN. 1 - DEC. 31	R TO DATE		
09/04/2020	Diane Delanev Redacted Oxnard, CA 93035	XIND COM OTH PTY SCC	Real Estate Broker REMAX	200.00 Received through inter Efundraising Connectio 2831 G St., Ste. 200 Sacramento, CA 95816	200 mediary: ons	. 00		
09/04/2020	Audrev Keller Redacted Oxnard, CA 93035	XIND COM OTH PTY SCC	Retired None	250.00 Received through inter Efundraising Connectio 2831 G St., Ste. 200 Sacramento, CA 95816	250 mediary: ons	.00		
09/04/2020	Michael Mercurio Redacted Oxnard, CA 93036	X IND COM OTH PTY SCC	Retired None	500.00 Received through inter Efundraising Connectio 2831 G St., Ste. 200 Sacramento, CA 95816		.00		
09/04/2020	Gregory Varra Redacted Oxnard, CA 93035	XIND COM OTH PTY SCC	Retired None	100.00 Received through inter Efundraising Connectio 2831 G St., Ste. 200 Sacramento, CA 95816	mediary:	. 00		
09/09/2020	Katherine A. Boucher Redacted Ventura, CA 93003-0613	XIND COM OTH PTY SCC	Retired None	500.00	500	.00		
			SUBTOTAL	<b>\$</b> 1,550.00				

\*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

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole		Statement cove	•	SCHEDULE A (CONT.) CALIFORNIA FORM 460		
				through 09/19/	/2020	Page	_6 of10	
NAME OF FILER						I.D. NUM	3ER	
Deirdre Fran	k for Mayor of Oxnard 2020	T	,	· · · · · · · · · · · · · · · · · · ·		143092	3	
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)	
09/09/2020	Lauraine Effress Redacted Oxnard, CA 93035-3953	☑ IND       □ COM       □ OTH       □ PTY       □ SCC	Retired None	175.00	1	.75.00		
09/09/2020	Robert F. Murphy Redacted Oxnard, CA 93035	XIND COM OTH PTY SCC	CEO L + L Painting	200.00	2	200.00		
09/10/2020	Shirley Godwin Redacted Oxnard, CA 93033		Retired None	100.00 Received through inter Efundraising Connectio 2831 G St., Ste. 200 Sacramento, CA 95816	mediary:	.00.00		
09/14/2020	Bert E. Perello Redacted Oxnard, CA 93036-6259	IND □COM □OTH □PTY □SCC	Retired None	750.00	7	250.00		
09/17/2020	Dix Stillman Redacted Taos, NM 87571	∑IND □COM □OTH □PTY □SCC	Retired None	100.00 Received through inter Efundraising Connectio 2831 G St., Ste. 200 Sacramento, CA 95816	mediarv:	.00.00		
			SUBTOTAL	<b>\$</b> 1,325.00				

\*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

Schedule A (Continuation Sheet) Monetary Contributions Received		Amounts may to whole o		Statement cove	(2020	schedule a (con California Form 460		
				through09/19/	2020	Page7 of10		
IAME OF FILER						I.D. NUMBER		
eirdre Fran	k for Mayor of Oxnard 2020					1430929		
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 CALENDAR YE (JAN. 1 - DEC.	AR TO DATE		
09/19/2020	Dana P. Goldfarb Redacted Westlake Village, CA 91361	XIND COM OTH PTY SCC	Retired None	150.00	15	50.00		
09/19/2020	Marv S. Kvroboulos Redacted South Pasadena, CA 91030	XIND COM OTH PTY SCC	Retired None	100.00	10	00.00		
09/19/2020	Law Office of Amber Rodriguez 107 Figueroa Ventura, CA 93001	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	50	0.00		
09/19/2020	Angela Smart Redacted Oxnard, CA 93035	XIND COM OTH PTY SCC	Retired None	100.00	10	0.00		
		IND COM OTH PTY SCC						
		·	SUBTOTAL	850.00				

\*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

SEE REFINICULIONS OF REVERSE       ID. NUMBER         Deirdre Prank for Mayor of Oxnard 2020       1430929         DATE RECEIVED       FULL MARE STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF COMMTRE ALSO ENTRID NUMBER       CONTRIBUTOR CODE *       IF.ANINDIVIDUAL ENTER OCCUPATION AND EMPLOYER MALE OF DATE SERVENCE STRUCES       AMOUNT/ FAR MARKET       CUMULATIVE TO DATE CALENDAR YEAR (JAN 1- DEC 31)       PER ELECTION DATE CALENDAR YEAR (JAN 1- DEC 31)         09/08/2020       Deirdre Frank Long Beach, CA 99802       SIND COM COM DEIrdre Frank       II. Aning Pacebook COM DEIrdre Frank       750.00       5, 082.31         09/19/2020       Deirdre Frank Long Beach, CA 90802       MIND DEIrdre Frank       Attorney COM DEIrdre Frank       Solo 00       5, 082.31         09/19/2020       Deirdre Frank Long Beach, CA 90802       MIND DEIrdre Frank       Deirdre Frank COM       Solo 00       5, 082.31         09/19/2020       Deirdre Frank Long Beach, CA 90802       MIND DIR COM       Attorney DEIrdre Frank       Signs       3, 632.33       5, 082.31         09/19/2020       Deirdre Frank Long Beach, CA 90802       MIND DIR COM       Deirdre Frank Signs       3, 632.33       5, 082.31         00/19/2020       Deirdre Frank Long Beach, CA 99802       MIND DIR COM DIR DIR COM       DIR DIR COM DIR DIR DIR COM       DIR DIR COM DIR DIR DIR COM       DIR DIR COM DIR DIR DIR COM       DIR DIR DIR DIR DIR DIR DIR DIR DIR DIR	Schedule C Nonmonetary Contributions Received						Statement covers period from01/01/2020 through09/19/2020			CALIFORNIA FORM 460		
Deirdre Frank for Mayor of Oxnard 2020       1410929         Date RECEIVED       FULL NAME, STREET ADDRESS AND ZJP CODE OF CONTRIBUTOR (# COMMITE, ALSO ENTERID NUMBER)       CONTRIBUTOR CODE +       IF ANINDVIDUAL ENTER OCCUPATION AND EMPLOYER (# Med OF BUSINES)       DESCRIPTION OF GOOD SERVICES       AMOUNT/ PAR MARKET VALUE       CUMULATIVE TO DATE (ALSNDAR YEAR (JAN 1-DEC 31)       PER ELECTION TO DATE (# REQUIRED)         09/19/2020       Deirdre Prank 249 B. Ocean Blvd., Ste. 685       SIND IOTH IPTY       Attorney Deirdre Frank       (in-kind) Pacebook Advertisements       750.00       5,082.31       PER ELECTION (In-kind) Pacebook Advertisements         09/19/2020       Deirdre Frank 249 B. Ocean Blvd., Ste. 685       SIND IOTH IPTY       Attorney Deirdre Frank       (in-kind) Website       500.00       5,082.31         09/19/2020       Deirdre Frank 249 B. Ocean Blvd., Ste. 685       SIND IOTH IPTY       Attorney Deirdre Frank       Signs       5,082.31       5,082.31         09/19/2020       Deirdre Frank Long Beach, CA 59802       SIND IOTH IPTY       Attorney Beirdre Frank       Signs       3,832.31       5,082.31         09/19/2020       Deirdre Frank Long Beach, CA 59802       SIND IIOTH IPTY       Signs       3,832.31       5,082.31         09/19/2020       Deirdre Frank Long Beach, CA 59802       SIND IIOTH IPTY       Signs       3,832.31       5,082.31         09/19/2020												
Date RECEIVED         FULL NAME, STREET ADDRESS AND UP COLD OF CONTRIBUTOR (FCOMMITEE ASSORTRID NUMBER)         CONTRIBUTOR CODE *         CONTRIBUTOR CODE *         CONTRIBUTOR OCCUPATIONNO ENTER: (ISEL-MANE OF BUSINESS)         Description OF GOODS OR SERVICES         FAIL MARKET FAIL MARKET GOODS OR SERVICES         FAIL MARKET FAIL MARKET VALUE         Date CALENDAR YEAR (JAN 1 - DEC 31)         Detrict (In - Kind) Facebook Advertisements         FAIL MARKET CALENDAR YEAR (JAN 1 - DEC 31)         Detrict (In - Kind) Facebook Advertisements         FAIL MARKET (JAN 1 - DEC 31)         Detrict (IF REQUIRED)           09/19/2020         Deirdre Frank 249 E. Ocean Blvd., Ste. 685 Long Beach, CA 90802         IND COM 00TH 0TH 0TH 0TH 0TH 0TH 0TH 0TH 0TH 0T	Deirdre Fi	rank for Mayor of Oxnard 2020	<del></del>	,								
249 E. Ocean Blvd., Ste. 685       COM       Deirdre Frank       Advertisements         (in-kind) Facebook Advertisements       SCC       SCC         09/19/2020       Deirdre Frank       Attorney       (in-kind) Website       500.00       5,082.31         09/19/2020       Deirdre Frank       COM       Deirdre Frank       Deirdre Frank       Scc         09/19/2020       Deirdre Frank       COM       Deirdre Frank       Scc       Scc         09/19/2020       Deirdre Frank       COM       Deirdre Frank       Scc       Scc         09/19/2020       Deirdre Frank       COM       Deirdre Frank       Scc       Scc         09/19/2020       Deirdre Frank       Scc       Mtorney       Scc       Scc         09/19/2020       Deirdre Frank       Scc       Mtorney       Signs       3, 832.31       5, 082.31         249 E. Ocean Blvd., Ste. 685       COM       OTH       PTY       Signs       Signs       Signs       Scc.31         In-kind) Yard Signs       Scc       IND       Scc       Signs       Scc.31       Scc.31         In-kind) Yard Signs       Scc       Scc       In-kind)       In-kind)       In-kind)       In-kind)         In-kind) Yard Signs		ZIP CODE OF CONTRIBUTOR		OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER			FAIR MARKET	DA CALENDA	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)		
249 F. Ocean Blvd., Ste. 685       COM       Deirdre' Frank       Design/Costs         (in-kind) Website Design/Costs       SCC       SCC         09/19/2020       Deirdre Frank       SCC         09/19/2020       Deirdre Frank       XIND         249 E. Ocean Blvd., Ste. 685       XIND         Long Beach, CA 90802       OTH         (in-kind) Yard Signs       Signs         (in-kind) Yard Signs       IND         (in-kind) Yard Signs       IND         OTH       OTH         (In-kind)       Signs         Image: Sec Complexity       Signs         Imag	09/08/2020	249 E. Ocean Blvd., Ste. 685 Long Beach, CA 90802	□COM □OTH □PTY						750.00 5,082.31		5,082.31	
249 E. Ocean Blvd., Ste. 685       COM       Deirdre Frank       Signs         (in-kind) Yard Signs       SCC       Image: Com Signs       Image: Com Signs         Image: Image: Image: Com Signs       Image: Com Signs       Image: Image: Com Signs       Image: Image: Com Signs         Image: Im	09/19/2020	249 E. Ocean Blvd., Ste. 685 Long Beach, CA 90802				te	500.00		5,082.31			
COM OTH PTY SCC	09/19/2020	249 E. Ocean Blvd., Ste. 685 Long Beach, CA 90802	СОМ ОТН РТҮ				3,832.31		5,082.31			
			□COM □OTH □PTY									
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 5,082.31	Attach ad	ditional information on appropriately lab	eled continuat	ion sheets.	SUBTOT	TAL \$	5,082.31					

Schedule C Summary	*Contributor Codes
1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)\$	IND – Individual COM – Recipient Committee
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$	(other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party
<ol> <li>Total nonmonetary contributions received this period.</li> <li>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)</li></ol>	SCC Small Contributor Committee

Schedule E Payments Made	Amounts may be rounded	Statement covers period	CALIFORNIA 460
	to whole dollars.	from01/01/2020	FORM 400
SEE INSTRUCTIONS ON REVERSE		through09/19/2020	Page9 of10
NAME OF FILER			I.D. NUMBER
Deirdre Frank for Mayor of Oxnard 2020			1430929

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
yments that are contributions or independent expenditures must also be summ	anized on Schodule F		IBTOTAL\$

## Schedule E Summary

.....

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	0.00
2. Unitemized payments made this period of under \$100 \$	78.70
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 \$	78.70

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars. to whole dollars. trom			2020 FC	ORNIA <b>460</b>
SEE INSTRUCTIONS ON REVERSE				1 490	<u>10</u> of <u>10</u>
NAME OF FILER				1.D. NUN	BER
Deirdre Frank for Mayor of Oxnard 2020				14309	29
CODES: If one of the following codes accurately describe         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	DescriptionDescriptic			d production costs butions ers' salaries ime and production costs I, lodging, and meals vel, lodging, and meals on committees of the sar	ne candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	<b>(c)</b> AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Gould & Orellana.LLC 249 E. Ocean Blvd., Ste. 685 Long Beach, CA 90802	PRO	0.00	250.00	0.00	_ 250.00
Gould & Orellana.LLC 249 E. Ocean Blvd., Ste. 685 Long Beach, CA 90802	PRO	C.OO	300.00	0.00	300.00
Gould & Orellana.LLC 249 E. Ocean Blvd., Ste. 685 Long Beach, CA 90802	PRO	0.00	300.00	0.00	300.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0.00 <b>\$</b>	<b>8</b> 50.00	0.00\$	850.00
Schedule F Summary					
<ol> <li>Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total uniternized</li> </ol>			INCU	RRED TOTALS \$ _	850.00
2. Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized				PAID TOTALS \$	0.00
3. Net change this period. ( <b>Subtract</b> Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	<u>لا</u>		<b>NET \$</b>	850.00 ay be a negative number