Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 9/20/2020
through 10/17/2020

Date of election if applicable:
(Month, Day, Year)
11/03/2020

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 5)
   - General Purpose Committee
     - Sponsored
     - Small Contributor Committee
     - Political Party/Central Committee
   - Primarily Formed Ballot Measure Committee
   - Controlled
   - Sponsored
     (Also Complete Part 6)
   - 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)

Treasurer(s)
NAME OF TREASURER
Deborah "Debbie" Navarro
MAILING ADDRESS
Oxnard City Council 2022
STREET ADDRESS (NO P.O. BOX)
Oxnard, CA 93033 (805) 486-2917
CITY
STATE
ZIP CODE
AREA CODE/PHONE
Oxnard, CA 93033 (805) 486-2917
NAME OF ASSISTANT TREASURER, IF ANY
Saul Medina
MAILING ADDRESS
Oxnard City Council 2022
STREET ADDRESS (NO P.O. BOX)
Oxnard, CA 93033 (805) 486-2917
CITY
STATE
ZIP CODE
AREA CODE/PHONE
Oxnard, CA 93033 (805) 486-2917

3. Committee Information
   I.D. NUMBER 1430071
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Committee to Elect Saul Medina
   Oxnard City Council 2022
   STREET ADDRESS (NO P.O. BOX)
   Redacted
   CITY Oxnard
   STATE CA
   ZIP CODE 93033
   AREA CODE/PHONE (805) 486-2917
   Mailing Address
   Redacted
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE
   Saul Medina
   Oxnard
   CA 93033
   (805) 243-2917
   OPTIONAL: FAX/E-MAIL ADDRESS
   medina2008@gmail.com
   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.
   Executed on 10/22/2020
   By ________________________________
   Signature of Controlling Officeholder, Candidate, State Measure Propromter or Propaganda Officer of Sponsor
   Executed on 10/22/2020
   By ________________________________
   Signature of Controlling Officeholder, Candidate, State Measure Propromter
   Executed on _______________________
   By ________________________________
   Signature of Controlling Officeholder, Candidate, State Measure Propromter

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>Saul Medina</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>Oxnard City Council District Four (4)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>Redacted</td>
</tr>
<tr>
<td>CITY</td>
<td>Oxnard</td>
</tr>
<tr>
<td>STATE</td>
<td>CA</td>
</tr>
<tr>
<td>ZIP</td>
<td>93033</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>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

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

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www.fppc.ca.gov
## Contributions Received

<table>
<thead>
<tr>
<th>1. Monetary Contributions</th>
<th>Schedule A, Line 3</th>
<th>$2,500</th>
<th>$6,350</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$2,500</td>
<td>$6,350</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$2,500</td>
<td>$6,350</td>
</tr>
</tbody>
</table>

## Expenditures Made

| 6. Payments Made | Schedule E, Line 4 | $2,396 | $5,326 |
| 7. Loans Made | Schedule H, Line 3 | $0 | $0 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | $2,396 | $5,326 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | $0 | $0 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | $0 | $0 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | $2,396 | $5,326 |

## Current Cash Statement

12. Beginning Cash Balance | Previous Summary Page, Line 16 | $920 | $2,500 |
13. Cash Receipts | Column A, Line 3 above | $0 | $0 |
14. Miscellaneous Increases to Cash | Schedule I, Line 4 | $0 | $0 |
15. Cash Payments | Column A, Line 8 above | $2,396 | $1,024 |
16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | $1,024 | $0 |

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

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents | See instructions on reverse | $0 |
19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | $0 |

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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).
## Schedule A
### Monetary Contributions Received

**Statement covers period**
from 9/20/2020 through 10/17/2020

<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>10/12/2020</td>
<td>Redacted Debbie Navarrete, Oxnard, CA 93033</td>
<td>□ IND</td>
<td>Insurance Adjuster State Comp. Retirements Insurance Fund</td>
<td>$500</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>10/7/2020</td>
<td>Redacted Danny Richard Medina, Oxnard, CA 93033</td>
<td>□ IND</td>
<td>Self-employed Computer Tech</td>
<td>$300</td>
<td>$700</td>
<td>$300</td>
</tr>
<tr>
<td>10/14/2020</td>
<td>Redacted Rogan Isaac Reyes, Oxnard, CA 93030</td>
<td>□ IND</td>
<td>Student, Oxnard College</td>
<td>$200</td>
<td>$200</td>
<td>$200</td>
</tr>
<tr>
<td>10/15/2020</td>
<td>Redacted Paulina Reporso, Point Loma, CA 93041</td>
<td>□ IND</td>
<td>Nursing student, Ventura College</td>
<td>$200</td>
<td>$200</td>
<td>$200</td>
</tr>
<tr>
<td>10/17/2020</td>
<td>Redacted Marco Antonio Sanchez, San Leandro, CA 94577</td>
<td>□ IND</td>
<td>Self-employed Yes, We Can Build, Sequoia, Inc., San Leandro</td>
<td>$500</td>
<td>$500</td>
<td>$500</td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) $1,700
2. Amount received this period – unitemized monetary contributions of less than $100 $800
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL $2,500

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

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## Schedule E
### Payments Made

**Committee to Elect Saul Medina Oxnard City Council 2020**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RDF 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>10/5/2020 16033 Ventura Blvd. Suite #1008 16033 Ventura Blvd. Suite #1008 Encino, CA 91436</td>
<td>PRT</td>
<td>mailer to voters</td>
<td>$2,960.00</td>
</tr>
<tr>
<td>10/4/2020 Custom Printers 2001 Cebot Place Oxnard, CA 93030</td>
<td>LIT</td>
<td>campaign literature</td>
<td>$800.00</td>
</tr>
<tr>
<td>10/4/2020 Custom Printers 2001 Cebot Place Oxnard, CA 93030</td>
<td>LIT</td>
<td>campaign literature</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ........................................... $ 2,396.00
2. Unitemized payments made this period of under $100 ........................................................................... $ 0
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.) ........................................... $ 2,396.00

**SUBTOTAL $ 1,596**

**TOTAL $ 2,396**

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**FFPC Form 460 (Jan/2016)**

**FFPC Advice: advice@fppc.ca.gov (866/275-3772)**

**www.fppc.ca.gov**
### Schedule E (Continuation Sheet)

**Payments Made**

Amounts may be rounded to whole dollars.

**Statement covers period**

- **from**: 9/20/2020
- **through**: 10/17/2020

**Committee to Elect Saul Medina Oxnard City Council 2020**

**I.D. NUMBER**: 1430671

**NAME OF FILER**

**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>Custom Pointin 201 Cabot Pl</td>
<td>POS</td>
<td>postage &amp; delivery</td>
<td>$300.00</td>
</tr>
<tr>
<td>Oxnard, Ca 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Custom Pointin 201 Cabot Place</td>
<td>POS</td>
<td>postage &amp; delivery</td>
<td>$500.00</td>
</tr>
<tr>
<td>Oxnard, Ca 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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