

**Recipient Committee  
Campaign Statement  
Cover Page**

*pm 10/22*

Date Stamp  
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Oxnard City Clerk  
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**CALIFORNIA FORM 460**

Page 1 of 13

For Official Use Only

Statement covers period  
from 09/20/2020  
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)
  - Quarterly Statement
  - Special Odd-Year Report

**3. Committee Information** I.D. NUMBER 1433829

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Yes On Measure E! For a Safe and Sustainable Oxnard 2020

STREET ADDRESS (NO P.O. BOX)  
Redacted

CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Barbara, CA 93101 805-709-0595

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

CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Barbara, CA 93101

OPTIONAL: FAX / E-MAIL ADDRESS  
monica@cicsb.com

**Treasurer(s)**

NAME OF TREASURER  
Monica Intaglietta

MAILING ADDRESS  
Redacted

CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Barbara, CA 93101 805-709-0595

NAME OF ASSISTANT TREASURER, IF ANY  
Jen Cooper

MAILING ADDRESS  
Redacted

CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Barbara, CA 93101

OPTIONAL: FAX / E-MAIL ADDRESS  
monica@cicsb.com

**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 10/21/20 DATE

Executed on \_\_\_\_\_ DATE

Executed on \_\_\_\_\_ DATE

Executed on \_\_\_\_\_ DATE

By \_\_\_\_\_ Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_ 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			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP

**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		
E Funding for Services like Oxnard 911 Safety-Medical Response, Financial Recovery/Accountability		
BALLOT NO. OR LETTER	JURISDICTION	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
E	City of Oxnard	

**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	<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

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 09/20/2020  
through 10/17/2020

**CALIFORNIA  
FORM 460**

Page 3 of 13

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Yes On Measure E! For a Safe and Sustainable Oxnard 2020**

I.D. NUMBER

Pending

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ 45,000.00	\$ 45,000.00
2. Loans Received ..... <i>Schedule B, Line 3</i>	.00	.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ 45,000.00	\$ 45,000.00
4. Nonmonetary Contributions ..... <i>Schedule C, Line 3</i>	.00	.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ 45,000.00	\$ 45,000.00

**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	\$ .00	\$ .00
21. Expenditures Made	\$ .00	\$ .00

**Expenditures Made**

	Column A	Column B
6. Payments Made ..... <i>Schedule E, Line 4</i>	\$ 3,200.00	\$ 3,200.00
7. Loans Made ..... <i>Schedule H, Line 3</i>	.00	.00
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ 3,200.00	\$ 3,200.00
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	1,500.00	1,500.00
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	.00	.00
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ 4,700.00	\$ 4,700.00

**Expenditures 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 ..... <i>Previous Summary Page, Line 16</i>	\$ .00
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	45,000.00
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	.00
15. Cash Payments ..... <i>Column A, Line 8 above</i>	3,200.00
16. ENDING CASH BALANCE ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ 41,800.00
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED ..... <i>Schedule B, Line 2</i>	\$ .00

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.

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ .00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 1,500.00

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>13</u>	
I.D. NUMBER <b>Pending</b>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Yes On Measure EI For a Safe and Sustainable Oxnard 2020**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF 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)
10/14/2020	Oxnard Mid Managers Association Redacted Oxnard, CA 93035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	
10/14/2020	Oxnard Peace Officers Association Redacted Oxnard, CA 93030 ID: 850242	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		40,000.00	40,000.00	

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ----- \$ 45,000.00

2. Amount received this period - unitemized monetary contributions of less than \$100 ----- \$ .00

3. Total monetary contributions received this period.  
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ----- **TOTAL \$** 45,000.00

\* 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

**SUBTOTAL \$** 45,000.00

**Schedule B - Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Yes On Measure E! For a Safe and Sustainable Oxnard 2020**

I.D. NUMBER  
**Pending**

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD **	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
* <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	_____% RATE \$ _____	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**

**Schedule B Summary**

1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)	\$ _____ .00
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven) (Include loans paid by a third party that are also itemized on Schedule A.)	\$ _____ .00
3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2	<b>NET \$</b> _____ .00 (May be a negative number)

\* 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

SUBTOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\*Amounts forgiven or paid by another party also must be reported on Schedule A  
\*\* If required.

**Schedule B - Part 2  
Loans Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Yes On Measure E! For a Safe and Sustainable Oxnard 2020**

I.D. NUMBER

**Pending**

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
			LENDER	DATE			
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC						CALENDAR DATE \$ _____ PER ELECTION (IF REQUIRED)

**SUBTOTAL \$**

Enter on Summary  
Page. Line 17 only.

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period  
from 09/20/2020  
through 10/17/2020

**CALIFORNIA FORM 460**  
Page 7 of 13

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Yes On Measure E! For a Safe and Sustainable Oxnard 2020**

I.D. NUMBER  
**Pending**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<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					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

**Schedule C Summary**

1. Amount received this period - itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ----- \$ .00

2. Amount received this period - unitemized nonmonetary contributions of less than \$100. ----- \$ .00

3. Total nonmonetary contributions received this period.  
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ----- **TOTAL \$** .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

**SUBTOTAL \$**

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

Amounts may be rounded  
to whole dollars.

SCHEDULE D

Statement covers period		<b>CALIFORNIA</b> <b>FORM 460</b>
from	09/20/2020	
through	10/17/2020	Page <u>8</u> of <u>13</u>

NAME OF FILER <b>Yes On Measure E! For a Safe and Sustainable Oxnard 2020</b>	I.D. NUMBER <b>Pending</b>
--	-------------------------------

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SCHEDULE D SUMMARY**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ----- \$ .00
- Unitemized contributions and independent expenditures made this period of under \$100 ----- \$ .00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ----- **TOTAL \$** .00

<b>SUBTOTAL \$</b>	
--------------------	--



**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>13</u>
	I.D. NUMBER <b>Pending</b>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Yes On Measure E! For a Safe and Sustainable Oxnard 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
DonaBrothers LLC 12412 Willow Hill Drive Moorpark, CA 93021		Digital advertising	3,200.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3,200.00
2. Unitemized payments made this period of under \$100	\$ .00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ .00
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 \$ 3,200.00</b>

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

**SUBTOTAL \$ 3,200.00**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

\*Amounts may be rounded to whole dollars.

SCHEDULE F

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/20/2020	
through	10/17/2020	Page 10 of 13
NAME OF FILER		I.D. NUMBER
Yes On Measure EI For a Safe and Sustainable Oxnard 2020		Pending

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure EI For a Safe and Sustainable Oxnard 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 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	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
C&i Consulting 226 East Canon Perdido Street #D Santa Barbara, CA 93101	PRO	.00	1,500.00	.00	1,500.00

**SCHEDULE F SUMMARY**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) INCURRED TOTALS \$ 1,500.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) PAID TOTALS \$ .00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET \$ 1,500.00

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

**SUBTOTALS \$ \$ \$ \$**

**Schedule G**

**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	09/20/2020	
through	10/17/2020	Page 11 of 13
NAME OF FILER		I.D. NUMBER
Yes On Measure E! For a Safe and Sustainable Oxnard 2020		Pending
NAME OF AGENT OR INDEPENDENT CONTRACTOR		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes On Measure E! For a Safe and Sustainable Oxnard 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

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

**TOTAL \* \$**

\*\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

**Schedule H  
Loans Made to Others\***

Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Yes On Measure E! For a Safe and Sustainable Oxnard 2020**

I.D. NUMBER

**Pending**

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD * <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD DATE DUE	(e) INTEREST RECEIVED RATE \$ _____	(f) ORIGINAL AMOUNT OF LOAN DATE INCURRED	(g) CUMULATIVE LOANS TO DATE CALENDAR YEAR \$ _____ PER ELECTION**
		\$ _____	\$ _____					

**SUBTOTALS**    \$                    \$                    \$                    \$

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

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FPPC Form 460 (Jan/2016)  
FPPC 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.

SCHEDULE I

Statement covers period from <u>09/20/2020</u> through <u>10/17/2020</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>13</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**Yes On Measure EI For a Safe and Sustainable Oxnard 2020**

I.D. NUMBER

**Pending**

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

**Schedule I Summary**

1. Itemized increases to cash this period. . . . .	\$	<u>.00</u>
2. Unitemized increases to cash of under \$100 this period. . . . .	\$	<u>.00</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) . . . . .	\$	<u>.00</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) . . . . .	<b>TOTAL \$</b>	<u>.00</u>

**SUBTOTAL \$**