Recipient Committee
Campaign Statement
Cover Page

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 09/20/2020</td>
<td>(Month, Day, Year)</td>
</tr>
<tr>
<td>through 10/17/2020</td>
<td>11/03/2020</td>
</tr>
</tbody>
</table>

1. Type of Recipient Committee:
- [ ] Officeholder, Candidate Controlled Committee
- [ ] State Candidate Election Committee
- [ ] Recall (Also Complete Part 5)
- [ ] General Purpose Committee
- [ ] Sponsored
- [ ] Small Contributor Committee
- [ ] Political Party/Central Committee
- [x] Primarily Formed Ballot Measure Committee
(X) Controlled
(Also Complete Part 5)
- [ ] Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)
- [ ] Quarterly Statement
- [ ] Semi-annual Statement
- [ ] Special Odd-Year Report
- [ ] Termination Statement
(Also file a Form 410 Termination)
- [ ] Amendment (Explain Below)

2. Type of Statement:
- [x] Preselection Statement
- [ ] Semi-annual Statement
- [ ] Special Odd-Year Report
- [ ] Amendment (Explain Below)

3. Committee Information

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>1433529</th>
</tr>
</thead>
</table>

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

STREET ADDRESS (NO P.O. BOX)

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Barbara, CA 93101</td>
<td></td>
<td>805-709-0595</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Barbara, CA 93101</td>
<td></td>
<td>805-709-0595</td>
<td></td>
</tr>
</tbody>
</table>

Optional: Fax/E-mail Address
monica@cicomb.com

Treasurer(s)

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>MAILING ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monica Intaglia</td>
<td>Redacted</td>
<td>Santa Barbara, CA 93101</td>
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<td>805-709-0595</td>
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</tr>
</tbody>
</table>

NAME OF ASSISTANT TREASURER, IF ANY

<table>
<thead>
<tr>
<th>NAME OF ASSISTANT TREASURER, IF ANY</th>
<th>MAILING ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
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</thead>
<tbody>
<tr>
<td>Jen Cooper</td>
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<td>Santa Barbara, CA 93101</td>
<td></td>
<td>805-709-0595</td>
<td></td>
</tr>
</tbody>
</table>

Optional: Fax/E-mail Address
monica@cicomb.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 10/21/2020

By ____________________________
Signature of Treasurer or Assistant Treasurer

Executed on _____________________

By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____________________

By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____________________

By ____________________________
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/725-3772)
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</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>
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<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>E Funding for Services like Oxnard 911 Safety-Medical Response, Financial Recovery/Accountability</td>
</tr>
<tr>
<td>BALLOT NO. OR LETTER</td>
</tr>
<tr>
<td>E</td>
</tr>
<tr>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
### Contributions Received

1. Monetary Contributions  
   Schedule A, Line 3  
   $45,000.00  
   $45,000.00

2. Loans Received  
   Schedule B, Line 3  
   $0.00  
   $0.00

3. SUBTOTAL CASH CONTRIBUTIONS  
   Add Lines 1 + 2  
   $45,000.00  
   $45,000.00

4. Nonmonetary Contributions  
   Schedule C, Line 3  
   $0.00  
   $0.00

5. TOTAL CONTRIBUTIONS RECEIVED  
   Add Lines 3 + 4  
   $45,000.00  
   $45,000.00

### Expenditures Made

6. Payments Made  
   Schedule E, Line 4  
   $3,200.00  
   $3,200.00

7. Loans Made  
   Schedule H, Line 3  
   $0.00  
   $0.00

8. SUBTOTAL CASH PAYMENTS  
   Add Lines 6 + 7  
   $3,200.00  
   $3,200.00

9. Accrued Expenses (Unpaid Bills)  
   Schedule F, Line 3  
   $1,500.00  
   $1,500.00

10. Nonmonetary Adjustment  
    Schedule C, Line 3  
    $0.00  
    $0.00

11. TOTAL EXPENDITURES MADE  
    Add Lines 8 + 9 + 10  
    $4,700.00  
    $4,700.00

### Current Cash Statement

12. Beginning Cash Balance  
    Previous Summary Page, Line 16  
    $0.00

13. Cash Receipts  
    Column A, Line 3 above  
    $45,000.00

14. Miscellaneous Increases to Cash  
    Schedule I, Line 4  
    $0.00

15. Cash Payments  
    Column A, Line 8 above  
    $3,200.00

16. ENDING CASH BALANCE  
    Add Lines 12 + 13 + 14, then subtract Line 15  
    $41,800.00

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

17. LOAN GUARANTEES RECEIVED  
    Schedule B, Line 2  
    $0.00

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents  
    See instructions on reverse  
    $0.00

19. Outstanding Debts  
    Add Line 2 + Line 9 in Column B above  
    $1,500.00

---

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

- **Contributions Received**  
  1/1 through 6/30: $0.00  
  7/1 to Date: $0.00

- **Expenditures Made**  
  $0.00

**Expenditures Limit Summary for State Candidates**

- **Cumulative Expenditures Made**  
  (If Subject to Voluntary Expenditure Limit)

  Date of Election (mm/dd/yyyy)  
  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).

<table>
<thead>
<tr>
<th>Date of Election</th>
<th>Total to Date</th>
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<tbody>
<tr>
<td></td>
<td>$</td>
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<td></td>
<td>$</td>
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<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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

---

**Campaign Disclosure Statement**

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

**SUMMARY PAGE**

**CALIFORNIA FORM 460**

**Page 3 of 13**

**NAME OF FILER**  
Pending

**Contributions Received**

1. Monetary Contributions  
   Schedule A, Line 3  
   $45,000.00  
   $45,000.00

2. Loans Received  
   Schedule B, Line 3  
   $0.00  
   $0.00

3. SUBTOTAL CASH CONTRIBUTIONS  
   Add Lines 1 + 2  
   $45,000.00  
   $45,000.00

4. Nonmonetary Contributions  
   Schedule C, Line 3  
   $0.00  
   $0.00

5. TOTAL CONTRIBUTIONS RECEIVED  
   Add Lines 3 + 4  
   $45,000.00  
   $45,000.00

**Expenditures Made**

6. Payments Made  
   Schedule E, Line 4  
   $3,200.00  
   $3,200.00

7. Loans Made  
   Schedule H, Line 3  
   $0.00  
   $0.00

8. SUBTOTAL CASH PAYMENTS  
   Add Lines 6 + 7  
   $3,200.00  
   $3,200.00

9. Accrued Expenses (Unpaid Bills)  
   Schedule F, Line 3  
   $1,500.00  
   $1,500.00

10. Nonmonetary Adjustment  
    Schedule C, Line 3  
    $0.00  
    $0.00

11. TOTAL EXPENDITURES MADE  
    Add Lines 8 + 9 + 10  
    $4,700.00  
    $4,700.00

**Current Cash Statement**

12. Beginning Cash Balance  
    Previous Summary Page, Line 16  
    $0.00

13. Cash Receipts  
    Column A, Line 3 above  
    $45,000.00

14. Miscellaneous Increases to Cash  
    Schedule I, Line 4  
    $0.00

15. Cash Payments  
    Column A, Line 8 above  
    $3,200.00

16. ENDING CASH BALANCE  
    Add Lines 12 + 13 + 14, then subtract Line 15  
    $41,800.00

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

17. LOAN GUARANTEES RECEIVED  
    Schedule B, Line 2  
    $0.00

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents  
    See instructions on reverse  
    $0.00

19. Outstanding Debts  
    Add Line 2 + Line 9 in Column B above  
    $1,500.00

---

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

**FFPC Advice:** advice@ffpc.ca.gov (866/275-3772)  
www.ffpc.ca.gov
### Schedule A
Monetary Contributions Received

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

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</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>10/14/2020</td>
<td>Oxnard Mid Managers Association Redacted Oxnard, CA 93035</td>
<td>☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC</td>
<td></td>
<td>5,000.00</td>
<td>5,000.00</td>
<td></td>
</tr>
<tr>
<td>10/14/2020</td>
<td>Oxnard Peace Officers Association Redacted Oxnard, CA 93030 ID: 850242</td>
<td>☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC</td>
<td></td>
<td>40,000.00</td>
<td>40,000.00</td>
<td></td>
</tr>
</tbody>
</table>

**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 
   $0.00

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

SUBTOTAL $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

Powered by ISPolitical.com

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
### Schedule B - Part 1

**Loans Received**

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>OUTFANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
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</tbody>
</table>

- **IND**  
- **COM**  
- **OTH**  
- **PTY**  
- **SCC**

**Schedule B Summary**

1. Loans received this period: $0.00
   (Total Column (b) plus unitemized loans of less than $100.)

   ![Schedule B Summary Table]

2. Loans paid or forgiven this period: $0.00
   (Total Column (c) plus loans under $100 paid or forgiven)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.)
   NET $0.00
   (May be a negative number)

**Subtotals $ $ $**

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

---

*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 B - Part 2
Loans Received

**CALIFORNIA FORM 460**

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

Page 6 of 13

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

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

#### See Instructions on Reverse

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>LOAN</th>
<th>AMOUNT GUARANTEED THIS PERIOD</th>
<th>CUMULATIVE TO DATE</th>
<th>BALANCE OUTSTANDING TO DATE</th>
<th>CALENDAR DATE</th>
<th>PER ELECTION (IF REQUIRED)</th>
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<td>LENDER</td>
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<td>COM</td>
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<tr>
<td>OTH</td>
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<td>PTY</td>
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<tr>
<td>SCC</td>
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</table>

<table>
<thead>
<tr>
<th>SUBTOTAL $</th>
<th>Enter on Summary</th>
</tr>
</thead>
</table>

Page, Line 17 only.

FPSC Form 460 (Jan/2016)
FPSC Advice: advice@fpsc.ca.gov (866/275-3772)
www.fpcc.ca.gov
## Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.
   *(Include all Schedule C subtotals.)* $0.00

2. Amount received this period - unitemized nonmonetary contributions of less than $100. $0.00

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 $0.00

---

**Contributor Codes**

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

---

**Schedule C Summary**

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>DESCRIPTION OF GOODS OR SERVICES</th>
<th>AMOUNT/FAIR MARKET VALUE</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
## Schedule D

**Summary of Expenditures**

Supporting/Opposing Other Candidates, Measures, and Committees

Amounts may be rounded to whole dollars.

**Statement covers period**

- **from:** 09/20/2020
- **through:** 10/17/2020

**CALIFORNIA FORM 460**

**Page 8 of 13**

### NAME OF FILER

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

**I.D. NUMBER**

Pending

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE</th>
<th>TYPE OF PAYMENT</th>
<th>DESCRIPTION (IF REQUIRED)</th>
<th>AMOUNT THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Monetary Contribution</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Nonmonetary Contribution</td>
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<tr>
<td></td>
<td></td>
<td>☐ Independent Expenditure</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>☐ Support</td>
<td></td>
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<td></td>
<td></td>
<td>☐ Oppose</td>
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</tr>
</tbody>
</table>

### SCHEDULE D SUMMARY

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) $ .00

2. Unititemized contributions and independent expenditures made this period of under $100 $ .00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) $ .00

<table>
<thead>
<tr>
<th>SUBTOTAL</th>
<th>$</th>
</tr>
</thead>
</table>
### Schedule E

**Payments Made**

**NAME OF FILER**

Yes On Measure E1 For a Safe and Sustainable Oxnard 2020

**NAME AND ADDRESS OF PAYEE**

*(IF COMMITTEE, ALSO ENTER I.D. NUMBER)*

<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>Dona Brothers LLC</td>
<td></td>
<td>Digital advertising</td>
<td>3,200.00</td>
</tr>
</tbody>
</table>

**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.) TOTAL $ 3,200.00

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

---

**CALIFORNIA FORM 460**

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

Page 9 of 13

I.D. NUMBER Pending

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## Schedule F
Accrued Expenses (Unpaid Bills)

*Amounts may be rounded to whole dollars.*

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>from</td>
<td>09/20/2020</td>
<td></td>
</tr>
<tr>
<td>through</td>
<td>10/17/2020</td>
<td></td>
</tr>
</tbody>
</table>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yes On Measure EI For a Safe and Sustainable Oxnard 2020

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>(b) AMOUNT INCURRED THIS PERIOD</th>
<th>(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>C&amp;i Consulting 226 East Canon Perdido Street #D Santa Barbara, CA 93101</td>
<td>PRO</td>
<td>.00</td>
<td>1,500.00</td>
<td>.00</td>
<td>1,500.00</td>
</tr>
</tbody>
</table>

### SCHEDULE F SUMMARY

1. 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

2. 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 $ 0.00

3. 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.

<table>
<thead>
<tr>
<th>SUBTOTALS</th>
<th>$</th>
<th>$</th>
<th>$</th>
<th>$</th>
</tr>
</thead>
</table>

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### Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

**NAME OF AGENT OR INDEPENDENT CONTRACTOR**
Pending

**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
- **PCS** 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)

### Payment Information

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
</table>

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

** 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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www.fppc.ca.gov
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### Schedule H
Loans Made to Others*

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Page 12 of 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 09/20/2020</td>
<td>13</td>
</tr>
<tr>
<td>through 10/17/2020</td>
<td></td>
</tr>
</tbody>
</table>

**CALIFORNIA FORM 460**

SEE INSTRUCTIONS ON REVERSE

**NAME OF FILER**

**YES ON MEASURE E! FOR A SAFE AND SUSTAINABLE OXNARD 2020**

**FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT**

(If Committee, Also enter I.D. Number)

<table>
<thead>
<tr>
<th>IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>(e) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT LOANED THIS PERIOD</th>
<th>(c) REPAYMENT OR FORGIVENESS THIS PERIOD *</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
<th>(e) INTEREST RECEIVED</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE LOANS TO DATE</th>
<th>CALENDAR YEAR</th>
<th>PER ELECTION**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$___________________</td>
<td>$___________________</td>
<td>$___________________</td>
<td>$___________________</td>
<td>%___________________</td>
<td>$___________________</td>
<td>$___________________</td>
<td>$___________________</td>
<td>$___________________</td>
</tr>
</tbody>
</table>

☐ PAID
☐ FORGIVEN

DATE DUE $___________________ DATE INCURRED $___________________

**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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Schedule I
Miscellaneous Increases to Cash

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
</table>

Schedule I Summary

1. Itemized increases to cash this period. $ 0.00
2. Unitemized increases to cash of under $100 this period. $ 0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e.) $ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL $ 0.00

SUBTOTAL $