

**Recipient Committee  
Campaign Statement  
Cover Page**

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**Statement covers period**  
from January 1, 2020  
  
through September 19, 2020

**Date of election if applicable:**  
(Month, Day, Year) 2020  
  
November 3, 2020

SEE INSTRUCTIONS ON REVERSE

**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  
 Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report

Correcting Schedule E codes from LIT to PRT on 3 payments made on the original page 19 for the period covering January 1 - September 19, 2020.

**3. Committee Information**

I.D. NUMBER  
1428442

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect Ronald Arruejo for Oxnard City Council 2020

STREET ADDRESS (NO P.O. BOX)  
Redacted

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93030</u>	<u>(805) 822-7250</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93031</u>	<u>(805) 822-7250</u>

OPTIONAL: FAX / E-MAIL ADDRESS  
arruejo4oxnard@gmail.com

**Treasurer(s)**

NAME OF TREASURER  
Ronald Arruejo

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93031</u>	<u>(805) 822-7250</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on October 26, 2020 Date By \_\_\_\_\_  
Executed on October 26, 2020 Date By \_\_\_\_\_  
Executed on \_\_\_\_\_ Date By \_\_\_\_\_  
Executed on \_\_\_\_\_ Date By \_\_\_\_\_

\_\_\_\_\_  
Treasurer or Assistant Treasurer

\_\_\_\_\_  
State Measure Proponent or Responsible Officer of Sponsor

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

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

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>January 1, 2020</u> through <u>September 19, 2020</u>	<b>CALIFORNIA FORM 460</b>
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	I.D. NUMBER <b>1428442</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Ronald Arruejo for 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.	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
Vistaprint 95 Hayden Ave, Lexington, MA 02421	CMP		112
Budget Watchdogs Newsletter   22410 Hawthorne Blvd., Ste. 5, Torrance, CA 90505 FPPC ID# 1345115	PRT		496
CalSal Voter Guide   22410 Hawthorne Blvd., Ste. 5, Torrance, CA 90505 FPPC ID# 1368249	PRT		207
California Latino Voters' Guide 930 Colorado Blvd., Bldg. 2, Los Angeles, CA 90041	PRT		588
Staples #0636 317 W Ventura Blvd, Camarillo, CA 93010	OFC		23

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

**SUBTOTAL \$ 1,426**

FPPC Form 496 (Feb/2019)

FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)

[www.fppc.ca.gov](http://www.fppc.ca.gov)