

**Major Donor and
Independent Expenditure Committee
Campaign Statement**

(Government Code sections 84200-84216.5)

Type or print in ink.

MAJOR DONOR AND INDEPENDENT EXPENDITURE
COMMITTEE STATEMENT

Received
Oxnard City Clerk
Date Stamp

CALIFORNIA
FORM **461**

Page 1 of 4

For Official Use Only

Amendment

Statement covers period from <u>7/1/2020</u> through <u>12/31/2020</u>	Date of election if applicable: (Month, Day, Year) <u>2021 FEB - 1 PM 12:04</u>
--	---

SEE INSTRUCTIONS ON REVERSE

1. Name and Address of Filer

NAME OF FILER
(Include name(s) of all affiliated entities whose contributions are included in this statement.)
HAAS, GENE

MAILING ADDRESS (NO. AND STREET)
[REDACTED]

CITY STATE ZIP CODE
OXNARD CA 93030

RESPONSIBLE OFFICER (If filer is other than an individual)
AARON STARR

AREA CODE/DAYTIME PHONE
(805) 278-8559

2. Nature and Interests of Filer (Complete each applicable section.)

A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS

NAME OF EMPLOYER/BUSINESS HAAS AUTOMATION	BUSINESS INTERESTS CNC MACHINE MFR
ADDRESS OF EMPLOYER/BUSINESS [REDACTED] OXNARD, CA 93030	

A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE THE BUSINESS ACTIVITY IN WHICH IT IS ENGAGED

A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPECIFIC DESCRIPTION OF ITS INTERESTS

A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY, OR ASSOCIATION MUST DESCRIBE THE COMMON ECONOMIC INTEREST OF THE GROUP OR ENTITY

3. Summary

(Amounts may be rounded to whole dollars.)

1. Expenditures and contributions (including loans) of \$100 or more made this period. (Part 5.)	\$36,900.00
2. Unitemized expenditures and contributions (including loans) under \$100 made this period	\$0.00
3. Total expenditures and contributions made this period. (Add Lines 1 + 2)	SUBTOTAL \$36,900.00
4. Total expenditures and contributions made from prior statement. (Enter amount from Line 5 of last statement filed. If this is the first statement for the calendar year, enter zero.)	\$11,650.00
5. Total expenditures and contributions (including loans) made since January 1 of the current calendar year. (Add Lines 3 + 4.)	TOTAL \$48,550.00

4. Verification

I have used all reasonable means to review the statement and the information contained herein is true and correct under the laws of the State of California.



Executed on 1/27/2021
DATE

Signature
of Filer
under
oath

INDIVIDUAL

Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period from <u>7/1/2020</u>	CALIFORNIA FORM 461
through <u>12/31/2020</u>	
Page <u>2</u> of <u>4</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
HAAS, GENE

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
9/25/2020	CARMEN RAMIREZ FOR SUPERVISOR 2020 OXNARD, CA 93036 1416574	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		CARMEN RAMIREZ Office Description: COUNTY SUPERVISOR Jurisdiction: County VENTURA COUNTY SUPERVISORIAL DISTRICT 5 Office Sought <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$750.00	\$750.00
9/25/2020	TIM FLYNN FOR SUPERVISOR 2020 OXNARD, CA 93030 1423904	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		TIM FLYNN Office Description: COUNTY SUPERVISOR Jurisdiction: County VENTURA COUNTY SUPERVISORIAL DISTRICT 5 Office Sought <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$750.00	\$750.00
9/28/2020	STARR COALITION FOR MOVING OXNARD FORWARD OXNARD, CA 93030 1379154	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		SALES TAX INCREASE Ballot Number/Letter: E Jurisdiction: CITY OF OXNARD <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	\$25,000.00	\$25,000.00
11/6/2020	PEREZ FOR COMMUNITY COLLEGE TRUSTEE 2020 MOORPARK, CA 930201034 1413618	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		BERNARDO PEREZ Office Description: COMMUNITY COLLEGE TRUSTEE Jurisdiction: Other COMMUNITY COLLEGE DISTRICT AREA 4 Office Held <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$1,000.00	\$1,000.00

SUBTOTAL \$36,900.00

**Major Donor and
Independent Expenditure Committee
Campaign Statement**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2020
through 12/31/2020

CALIFORNIA
FORM **461**

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
HAAS, GENE

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
11/6/2020	LIMON FOR SENATE 2020 SANTA BARBARA, CA 93101 1421406	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		MONIQUE LIMON State Senator District 19 Jurisdiction: State Senate District Office Sought	\$4,700.00	\$9,400.00
				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
11/6/2020	IRWIN FOR ASSEMBLY 2020 SACRAMENTO, CA 95814 1414701	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		JACQUI IRWIN State Assembly District 44 Jurisdiction: State Assembly District Office Held	\$4,700.00	\$4,700.00
	Memo Reference: 1			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Loan <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		

SUBTOTAL \$36,900.00

Memo Reference: 1

CONTRIBUTION LATER RETURNED BECAUSE IT WAS RECEIVED AFTER NOVEMBER 3 AND THERE WAS NO OUTSTANDING GENERAL ELECTION DEBT.
