Recipient Committee Campaign Statement

Recipient Committee Campaign Statement Cover Page			Rec Pate Stamp and City C	lork	CALIFORNIA 460 FORM 8			
	Statement covers period prom 09/23/2018	Date of election if applicaਸੀਵੜੀ (Month, Day, Year)	OCT 25 AM IC):	For Official Use Only			
SEE INSTRUCTIONS ON REVERSE	through10/20/2018	11/6/2018						
1. Type of Recipient Committee: All Committees - Com	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:						
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Scomplete Part 6) rimarily Formed Candidate/ fficeholder Committee Scomplete Part 7)	✓ Preelection Statement ✓ Semi-annual Statement ✓ Termination Statement	ermination)		ly Statement Odd-Year Report			
"Z ("AMMITTAA INTAPINGTIAN	. NUMBER 409812	Treasurer(s)						
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER						
Gabriela Basua for City Council District 5 2018		Gabriela Basua MAILING ADDRESS						
		3700 Dallas Drive						
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE			
3700 Dallas Drive		Oxnard	CA	93033	805-443-1268			
CITY STATE ZIP COL		NAME OF ASSISTANT TREASURE	R, IF ANY					
Oxnard CA 93033 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	805-443-1268	MAILING ADDRESS						
MAILING AUDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		inderraction of						
CITY STATE ZIP COL	DE AREA CODE/PHONE		STATE	ZIP CODE	AREA CODE/PHONE			
OPTIONAL: FAX / E-MAIL ADDRESS gbasua1@yahoo.com		OPTIONAL: FAX / E-MAIL ADDRES	naeratinaevitatipuosettiinintälätätiöninevitaateeviteenintälä S					
4. Verification								
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Control of C	California that the foregoing is true and c	nowledge the information contained orrect. Signature of Treasurer or Assistant Supplies of Treasurer or Assistant May Officeholder, Candidate, State Measure Pro	Treasurer	takku edoka tuto ora alitakesi su pususian kakis pe	ules is true and complete. I			
Executed on	By expression of the contract	nature of Controlling Officeholder, Candidate, S	state Measure Proponent		sussee			
Executed on	By Sig	nature of Controlling Officeholder, Candidate, S	state Measure Proponent		FDDC Faura 460 (lass/2016)			

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART	2
CALIFORNIA 460	
FORM 400	
Page2 of8	STEPPING STATE

. Officeholder or Candidate Controlled Commi	ittee	6.	Primarily Formed Ballot	Measure C	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	kandigende kandelen die die State der State State der St		NAME OF BALLOT MEASURE	inggerfjolder de opvisel i Kondelending hav betrede i Kondelending betrede i Kondelending betrede i Kondelendi			
Gabriela Basua OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	V	8 **	SUPPORT OPPOSE
Oxnard City Council RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI 3700 Dallas Drive Oxnard			Identify the controlling office			measure pro	ponent, if any.
segment of the control of the contro	мери што не муниција на применени и и и и и и и и и и и и и и и и и		NAME OF OFFICEHOLDER, CAND	IDATE, OR PRO	PONENT		
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD	guagano discus esperante de un esperando de estrator este por entre este perente entre este perente entre este		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER	97	Primarily Formed Candi	idata/Office	holder Co	mmittaa <i>i</i>	las sumas as
NAME OF TREASURER	CONTROLLED COMMITTEE?	:// .	officeholder(s) or candidate(s) i	for which this	committee is p	rimarlly form	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	Local		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUC	3HT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUC	3HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUC	3HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUC	OHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO			Atlac	h continuatio	n sheets if ne	ecessary	_{anne m} a versi (file de la site policia in un regio de desendo ser de medio menero en en entre en entre en entre

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

| Statement covers period | CALIFORNIA | 460 | FORM | 10/20/2018 | Page | 3 | of | 8

SUMMARY PAGE

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SEE INSTRUCTIONS ON REVERSE		rui ougu	m internas autorio de activa de la companie de la Espacie de la companie de la compan	\$ P> \$11 18 8F2F F3
NAME OF FILER				I.D. NUMBER
Gabriela Basua				1409812
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both th General Elections	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ 3598.00 \$ 3054.00 \$ 3054.00	\$ 5291.00 1000.00 \$ 6291.00 \$ 6291.00 \$ 5086.00 \$ 5086.00	1/1 th 20. Contributions Received \$ 21. Expenditures Made \$ Expenditure Limit \$ Candidates 22. Cumulating (If Subject to	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
10. Nonmonetary Adjustment		\$ 5086.00	(mm/dd/yy)	\$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	3598.00 3054.00 \$ 1205.00	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 nereported in Column B.	\$
19. Outstanding Debts Add Line 2 + Line 9 in Column B above			FPPC Advice: adv	FPPC Form 460 (Jan/2016) ice@fppc.ca.gov (866/275-3772)

Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A

	Statement covers period 09/23/2018	california 460
operation or the security making special security	through10/20/2018	Page 4 of 8
		i.D. NUMBER 1409812

Gabriela Basua **AMOUNT** CUMULATIVE TO DATE PER ELECTION IF AN INDIVIDUAL, ENTER FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR RECEIVED THIS CALENDAR YEAR TO DATE DATE OCCUPATION AND EMPLOYER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) RECEIVED OF BUSINESS) □ IND Oxnard Chamber of Commerce **M**COM 2500.00 2500.00 10/5/2018 400 E. Esplanade Drive Ste 302 □ OTH ПРТҮ Oxnard, CA 93036 □scc ☐ IND **SEIU 721** Z COM 450.00 450.00 10/12/2018 1545 Wilshire Blvd #100 □отн □ PTY Los Angeles, CA 90017 □ SCC ZIND Jurgen Gramckow □сом CEO 250.00 250.00 10/19/2018 1060 Shokat Drive Потн □ PTY Oiai. CA 93023 □ SCC **IND** Steve Stocks Retired School ☐ COM 100.00 100.00 10/19/2018 940 West Poplar □отн Administrator Oxnard, CA 93033 □ PTY □scc **IND** Ginger Stocks Retired School COM 100.00 100.00 10/19/2018 940 West Poplar Administrator Потн Oxnard, CA 93033 **□**PTY □scc SUBTOTAL \$ 3400.00

Schedule A Summary

 *Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

3598.00

SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received	Am	to whole dollar			Statement cov	ers period 3/2018	CALIFORNIA 460		
					IFORH	agraphysiae za przyczeka popuje powiejska z podażejski kalikalist (
SEE INSTRUCTIONS ON REVERSE					through10/2	20/2018	Page5	of <u>8</u>	
NAME OF FILER	- wygingi, ngiya, ngiya, na da	nga disantangan pang-pangkahan menjah kalim mingkahan disantan disantan disantan disantan disantan disantan di		ngangan phantagan pagaing na kataon pendalah kataon			I.D. NUMBER		
Gabriela Basua							1409812		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN 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 PAIL OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
Gabriela Basua 3700 Dallas Drive Oxnard, CA 93033	Housing Manager City of Port Hueneme			paid s 0 FORGIVEN	s 1000.00	O %	\$ 1000.00	\$ 1000.00 PER ELECTION**	
[†] ☑IND □ COM □ OTH □ PTY □ SCC		s 1000.00	80	s0	. none Date due	s0	9/5/18 DATE INCURRED	\$	
† IND COM OTH PTY SCC		\$	\$	PAID S FORGIVEN PAID PAID FORGIVEN S S	DATE DUE	RATE \$ RATE	\$ DATE INCURRED \$ DATE INCURRED	CALENDAR YEAR PER ELECTION** CALENDAR YEAR PER ELECTION** \$	
(m-10-1)		SUBTOTALS 9			\$	\$			
Schedule B Summary 1. Loans received this period		**************************************		\$	1000.00	(Enter (e) on Schedule E, Line 3)		
 (Total Column (b) plus unitemized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha) 3. Net change this period. (Subtract Line) 	ns of less than \$100.) 	edule A.)		\$	1000.00	II C	Contributor Codes ND — Individual COM — Recipient C (other than DTH — Other (e.g., PTY — Political Parl GCC — Small Contr	ommittee PTY or SCC) business entity)	
Enter the net here and on the Summar	y Page, Column A, Line 2.		~~~~~~~~~	()	Aay be a negative number)	_		and the second s	

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

** If required.

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

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may b to whole de			Statem from through	09/23/2018 10/20/2018	CALIFO FOIL	RM 400
Gabriela Basua						140981	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications I appearances es lating urvey researc very and mes	s h senger services	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF transi VOT voter	ibe the payment. airtime and production aed contributions aign workers' salaries cable airtime and production date travel, lodging, and produces travel, lodging, a fer between committees registration nation technology costs	uction costs d meals and meals s of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DESC	RIPTION OF PA	YMENT		AMOUNT PAID
FEDEX OFFICe 2350 E.Vineyard Avenue Oxnard, CA 93036		CMP	Flyers				130.00
Costco Oxnard		CMP	Misc for Multicultu	ral Festival			250.00
Fast Wrap & Signs 5217 Verdugo Way Suite D Camarillo, CA 93012		CMP	Signs				496.00
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SU	BTOTAL \$	876.00
Schedule E Summary	atterior concern acceptant per publication of the individual publi	AND CONTRACTOR OF THE PROPERTY	ti massa pennangan menenggan kelangan kelangan kelangan kelangan kelangan kelangan kelangan kelangan beranggan			ang kan dinggang ngangdigapan dinggang ngangdigapa di ang dinada	nagangan sajak ga Salata kepangan dan kebanasa dan kepangan dan kepangan dan kebanasa dan sebagai dan kebanasa
1. Itemized payments made this period. (Include all Schedule							3054.00
2. Unitemized payments made this period of under \$100							
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Par	t 1, Columi	ı (e).)		**********	\$	V

3054.00

Schedule	
(Continua	tion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

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

	*	- 1
Statement covers period	CALIFORNIA 460	V
from09/23/2018	FORM TOU	
through10/20/2018	Page	19220000
	I.D. NUMBER	10000
	1409812	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gabriela Basua

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations CFIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	I appearance ses lating urvey researd very and mes	h	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cos TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the sai VOT voter registration WEB information technology costs (internet,	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Staples 411 W. Esplanade Drive Oxnard, CA 93036		CMP	Flyers		385.00
Staples 411 W. Esplanade Drive Oxnard, CA 93036		OFC	supplies		110.00
Staples 411 W. Esplanade Drive Oxnard, CA 93036		LIT	PostCards		356.00
USPS 1961 N. C Street Oxnard		POS	Postage		506.00
Knight of Columbus 750 Oxnard, CA 93030	ikke voga en krestig kristigen steregen skiptisk gan år stationerser efter til med en kristisk skiptisk skipti	FND	Civic Night		160.00

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

SUBTOTAL \$

1517.00

SCHEDU	II F	Sec.	CONT

Schedule	Ē	
(Continua	tion Sheet)	į
Payments	Made	

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA FORM** 09/23/2018 10/20/2018 Page _ I.D. NUMBER

from through SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1409812 Gabriela Basua

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries OFC office expenses contribution (explain nonmonetary)* CTB t.v. or cable airtime and production costs petition circulating CVC civic donations PET phone banks candidate travel, lodging, and meals candidate filing/ballot fees PHO FIL staff/spouse travel, lodging, and meals TRS polling and survey research FND fundraising events POL transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF independent expenditure supporting/opposing others (explain)* VOT voter registration PRO professional services (legal, accounting) LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads LIT NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **Flyers** Office Depot 253.00 **CMP** 4731 Telephone Road Ventura, CA 93003 Fiestas Patrias Lazer Broadcasting 125.00 **FND** 200 S. A Street Oxnard, CA 93030 Supplies Amazon 218.00 **OFC** Supplies Home Depot 65.00 **CMP** 401 W. Esplanade Drive Oxnard, CA 93036 SUBTOTAL \$ 661.00

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