

**Recipient Committee  
Campaign Statement  
Cover Page**

Received  
Oxnard City Clerk

Date Stamp

CALIFORNIA FORM **460**

Page 1 of 11

For Official Use Only

Statement covers period  
from 10/31/2016  
through 12/31/2016

Date of election if applicable:  
(Month, Day, Year)  
2017 SEP 28 PM 4: 27  
11/08/2016

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  
(Also file a Form 410 Termination)
- Amendment (Explain below)  
Final reconciliation of contributions received and payments made.
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1387287

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Miguel Lopez for Oxnard Mayor 2016

STREET ADDRESS (NO P.O. BOX)  
1237 S. Victoria Ave. #191

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93035</u>	<u>(805) 889-8169</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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

**Treasurer(s)**

NAME OF TREASURER  
Eva E. Lopez

MAILING ADDRESS  
1237 S. Victoria Ave. #191

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Oxnard</u>	<u>CA</u>	<u>93035</u>	<u>(805) 984-4108</u>

NAME OF ASSISTANT TREASURER, IF ANY  
John Albin

MAILING ADDRESS  
249 Calle Larios

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Camarillo</u>	<u>CA</u>	<u>93010</u>	<u>(805) 660-1198</u>

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 09/27/2017  
Date

Executed on 09/27/2017  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By Eva E. Lopez  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
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**

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Page <u>2</u> of <u>11</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE				
Miguel Lopez				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
Mayor, City of Oxnard				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP	
1237 S. Victoria Ave. #191	Oxnard, CA		93035	

**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		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**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

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period 10/23/2016	<b>CALIFORNIA FORM 460</b>
from _____	
through 12/31/2016	Page 3 of 11
through _____	I.D. NUMBER 1387287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Miguel Lopez for Oxnard Mayor 2016

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 7,110.00	\$ 51,967.75
2. Loans Received..... Schedule B, Line 3	\$ 5,100.00	\$ 5,200.00
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 12,210.00	\$ 57,167.75
4. Nonmonetary Contributions..... Schedule C, Line 3	\$ 358.00	\$ 2,055.25
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 12,568.00	\$ 59,223.00

**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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 28,307.41	\$ 39,804.16
7. Loans Made..... Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 28,307.41	\$ 39,804.16
9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment..... Schedule C, Line 3	\$ 0	\$ 1,697.25
11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10	\$ 28,307.41	\$ 41,501.41

**Expenditure 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..... Previous Summary Page, Line 16	\$ 5,153.59
13. Cash Receipts..... Column A, Line 3 above	\$ 12,210.00
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	\$ 0
15. Cash Payments..... Column A, Line 8 above	\$ 28,307.41
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ -10,943.82

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

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).

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... See instructions on reverse	\$ 5,200.00
19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above	\$ _____

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

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>11</u>	I.D. NUMBER <b>1387287</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Miguel Lopez for Oxnard Mayor 2016

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN 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)
	--See Attached--	<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				
		<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				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$ <u>7,085.00</u>
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$ <u>25.00</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	<b>TOTAL \$</b> <u>7,110.00</u>

\*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

**Campaign Contributions 2016**

Period of 10/23/16 - 12/31/16

ID NUMBER  
**1387287**

Date	Contributor	Contributor Code	Employer	Check	Cumulative
10/24/16	BLT Enterprises, Inc. 1714 16th St. Santa Monica, CA 90404	OTH		\$ 250.00	\$ 250.00
10/24/16	Service Employees International Union Local 721, CTW, CLC State & Local - All Purpose (SEIU) 1545 Wilshire Blvd. #100 Los Angeles, CA 90017 #743794	OTH		\$ 300.00	\$ 300.00
10/24/16	Tom & Yvonne Westervelt 203 North F St. Oxnard, CA 93030	OTH	Owner CWC Equipment & Design	\$ 100.00	\$ 100.00
10/25/16	Laura Hernandez 372 Chrisman Ave. Ventura, CA 93001	IND	Sr. Benefits Coordinator City of Oxnard	\$ 500.00	\$ 800.00
10/27/16	Manuel & Isabel Botello 20834 Apache Way Walnut, CA 91789-1299	IND	Retired	\$ 50.00	\$ 275.00
10/27/16	Raul Hurtado 138 S. Bryn Mawr St. Unit 1 Ventura, CA 93003	IND	Banker Wells Fargo	\$ 50.00	\$ 100.00
10/29/16	Bob Jones Ranch A Corporation 4324 E. Vineyard Ave. Oxnard, CA 93036	OTH		\$ 500.00	\$ 500.00
10/29/16	Ventura County Commissary LLC P.O. Box 6473 Oxnard, CA 93031	OTH		\$ 250.00	\$ 250.00
10/30/16	Eduardo Miranda 2600 Pyrite Pl. Oxnard, CA 93030-8603	IND	Commander City of Oxnard	\$ 250.00	\$ 740.00
10/31/16	Michael & Jessica Ramirez 1786 N. 6th Pl. Port Hueneme, CA 93041	IND		\$ 250.00	\$ 250.00

ID NUMBER  
1387287

Date	Contributor	Contributor Code	Employer	Check	Cumulative
10/31/16	Eva E. Lopez 2541 Taffrail Ln. Oxnard, CA 93035	IND	Retired	\$ 185.00	\$ 687.00
11/03/16	Oxnard Firefighters Local 1684 P.A.C. FPPC #801523 249 Calle Larios Camarillo, CA 93010	COM		\$ 2,500.00	\$ 4,500.00
11/03/16	A M S CRAIG, LLC 1451 N. Rice Ave. Ste. E Oxnard, CA 93030-7992	OTH		\$ 500.00	\$ 500.00
11/04/16	Nathaly Arriola 24684 Thomas Ave. Hayward, CA 94544	IND	Vice President MESSINA Group	\$ 200.00	\$ 200.00
11/06/16	Cyndi Hookstra 506 Glenwood Dr. Oxnard, CA 93030	IND	Retired	\$ 100.00	\$ 200.00
11/07/16	Daniel Gonzales D.A.D. Protection Services P.O. Box #6023 Oxnard, CA 93031	OTH		\$ 500.00	\$ 500.00
11/08/16	Martin's Auto Group Inc. DBA Oxnard Mitsubishi 1345 N. Oxnard Blvd. Oxnard, CA 93030-3522	OTH		\$ 500.00	\$ 500.00
11/08/16	Esmeralda Preciado 3622 Golden Pond Dr. Camarillo, CA 93012-7705	IND	Teacher School District	\$ 100.00	\$ 210.00

\$ 7,085.00

Itemized:	\$ 7,085.00
Unitemized:	\$ 25.00
	\$ 7,110.00

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>11</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Miguel Lopez for Oxnard Mayor 2016</b>	I.D. NUMBER <b>1387287</b>
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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 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
Eva E. Lopez 2541 Taffrail Ln. Oxnard, CA 93035  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ _____	\$ <u>2,500</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>2,500</u>  DATE DUE _____	_____% RATE \$ _____	\$ <u>2,500</u>  <u>11/3/16</u> DATE INCURRED	CALENDAR YEAR \$ <u>2,500</u> PER ELECTION** \$ _____
Eva E. Lopez 2541 Taffrail Ln. Oxnard, CA 93035  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ _____	\$ <u>2,600</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>2,600</u>  DATE DUE _____	_____% RATE \$ _____	\$ <u>2,600</u>  <u>11/30/16</u> DATE INCURRED	CALENDAR YEAR \$ <u>5,100</u> PER ELECTION** \$ _____
   † <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** \$ _____
<b>SUBTOTALS \$ 5,100 \$ 5,100 \$</b>								

**Schedule B Summary**

1. Loans received this period ..... \$ <u>5,100.00</u> (Total Column (b) plus unitemized loans of less than \$100.)	
2. Loans paid or forgiven this period ..... \$ <u>0</u> (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 \$ <u>5,100.00</u> Enter the net here and on the Summary Page, Column A, Line 2.	(May be a negative number)

(Enter (e) on  
Schedule E, Line 3)

†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

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

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/23/2016</u> through <u>12/31/2016</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER <b>1387287</b>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Miguel Lopez for Oxnard Mayor 2016

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN 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)
10/29/16	Eva E. Lopez 2541 Taffrail Ln. Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Campaign T-Shirts	358.00	358.00	
		<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					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$ 358.00**

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$ 358.00
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$ 0
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.).....	<b>TOTAL \$ 358.00</b>

\*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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/23/2016	
through	12/31/2016	Page <u>9</u> of <u>11</u>
NAME OF FILER		I.D. NUMBER
Miguel Lopez for Oxnard Mayor 2016		1387287

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Miguel Lopez for Oxnard Mayor 2016

**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
--See Attached--			

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	27,933
2. Unitemized payments made this period of under \$100.....	\$	374.38
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	0
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 \$</b>	28,307.41



**Campaign Expenses 2016**  
**Period of 10/23/16 - 12/31/16**

Payee	Code	Description	Amount Paid
Tacos Las Playas Moorpark, CA	MTG	Meet & Greet	\$ 380.00
Beyond Gravity Media 530 E. Los Angeles Ave. Suite #115-217 Moorpark, CA 93021	CMP	Advertising	\$ 750.00
Vanguard Print Design 220 Bernoulli Cir. Oxnard, CA 93030	CMP	Campaign Literature	\$ 321.95
Keegan Carrico 3464Sunset Ln. Oxnard, CA 93035	SAL	Salary	\$ 1,000.00
Manuel M. Lopez 1911 Cascade Ct. Oxnard, CA 93036	OFC	Rent - HQ Office (November)	\$ 750.00
FP&D 1780 Creekside Oaks Drive Sacramento, CA 95833	CMP	Printing & Mailing	\$ 11,061.75
VC Reporter 50 S. De Lacey Ave., Suite 200 Pasadena, CA 91105-3806	PRT	Advertising	\$ 1,050.00
Ventura County Star Camarillo, CA 93010	PRT	Ad	\$ 2,244.60

Payee	Code	Description	Amount Paid
Costco Wholesale 2001 East Ventura Blvd. Oxnard, CA 93030	MTG	Supplies for Election Night	\$ 137.91
Vanguard Print Design 220 Bernoulli Cir. Oxnard, CA 93030	CMP	Campaign Literature	\$ 219.82
Shea Properties Management Co., Inc. 130 Vantis, Suite 200 Aliso Viejo, CA 92656	RFD	Contribution Refund	\$ 5,000.00
Beyond Gravity Media 530 E. Los Angeles Ave. Suite #115-217 Moorpark, CA 93021	CMP	Advertising	\$ 395.00
Pacific Coast Business Times 14 E. Carrillo St., Suite A Santa Barbara, CA 93101	PRT	Advertising	\$ 1,622.00
Rick Conrad 5015 Marlin Way Oxnard, CA 93035	CNS	Salary	\$ 3,000.00

TOTAL: \$ 27,933.03

Itemized:	\$ 27,933.03
Unitemized:	\$ 374.38
	<u>\$ 28,307.41</u>