

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp  
Received  
Oxnard City Clerk

CALIFORNIA FORM **460**

Page 1 of 1  
For Official Use Only

Statement covers period  
from 01/01/2020  
through 06/30/2020

Date of election if applicable:  
(Month, Day, Year) 2020 JUL 22 PM 1:43  
11/03/2020

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  
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

**3. Committee Information**

I.D. NUMBER  
1424124

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

Re-Elect MacDonald District Four Oxnard City Council 2020

STREET ADDRESS (NO P.O. BOX)

355 South G Street

CITY STATE ZIP CODE AREA CODE/PHONE

Oxnard CA 93030 (805) 857-5236

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

Same

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

MacDonald4Council@GMail.Com

**Treasurer(s)**

NAME OF TREASURER

Lorraine MacDonald

MAILING ADDRESS

Same

CITY STATE ZIP CODE AREA CODE/PHONE

(805) 857-5236

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 07/22/2020  
Date

Executed on 07/22/2020  
Date

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

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

By Lorraine MacDonald  
Signature of Treasurer or Assistant Treasurer

By Sam M...  
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**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Bryan MacDonald

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Oxnard City Council District Four

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

355 South G Street Oxnard CA 93030

**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?

YES  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?

YES  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

SUPPORT  
 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

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT  
 OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>01/01/2020</u><br>through <u>06/30/2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>3</u> of <u>7</u>      |
|  | I.D. NUMBER<br>1424124         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Re-Elect MacDonald District Four Oxnard City Council 2020

## Contributions Received

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i>    | \$ <u>7,250</u>  | \$ <u>7,250</u>                            |
| 2. Loans Received..... <i>Schedule B, Line 3</i>            | \$ <u>0</u>  | \$ <u>0</u>                                |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>  | \$ <u>7,250</u>  | \$ <u>7,250</u>                            |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | \$ <u>0</u>  | \$ <u>0</u>                                |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ <u>7,250</u>  | \$ <u>7,250</u>                            |

## 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 | \$ <u>7,250</u>  | \$ _____    |
| 21. Expenditures Made      | \$ <u>50.31</u>  | \$ _____    |

## Expenditures Made

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i>                   | \$ <u>50.31</u>  | \$ <u>50.31</u>                            |
| 7. Loans Made..... <i>Schedule H, Line 3</i>                      | \$ <u>0</u>  | \$ <u>0</u>                                |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>             | \$ <u>50.31</u>  | \$ <u>50.31</u>                            |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | \$ <u>0</u>  | \$ <u>0</u>                                |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>         | \$ <u>0</u>  | \$ <u>0</u>                                |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>      | \$ <u>50.31</u>  | \$ <u>50.31</u>                            |

## Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
|--|---------------|
| Date of Election<br>(mm/dd/yy)   | Total to Date |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |

## Current Cash Statement

|   |                   |
|---|-------------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>             | \$ <u>0</u>       |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i>                              | \$ <u>7,250</u>   |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>                | \$ <u>0</u>       |
| 15. Cash Payments..... <i>Column A, Line 8 above</i>                              | \$ <u>50.31</u>   |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>7199.69</u> |

*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).

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

|   |             |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i> | \$ <u>0</u> |
|---|-------------|

## Cash Equivalents and Outstanding Debts

|   |             |
|---|-------------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i>            | \$ <u>0</u> |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ <u>0</u> |

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>01/01/2020</u><br>through <u>06/30/2020</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>4</u> of <u>7</u>  |

SEE INSTRUCTIONS ON REVERSE

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Re-Elect MacDonald District Four Oxnard City Council <i>2020</i> | I.D. NUMBER<br>1422124 |
|---|------------------------|

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 01/29/2020    | Bryan MacDonald<br>355 South G Street<br>Oxnard, CA 93030                                       | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | \$100                       | \$100  |                                       |
| 03/18/2020    | Tyler Miller<br>2137 South Victoria Ave<br>Oxnard, CA 93035                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Sales<br>Martin Distributors  | \$900                       | \$900  |                                       |
| 03/23/2020    | Steve Buenger<br>1317 Estuary<br>Oxnard, CA 93035   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Buenger Commercial Real Estate   | \$250                       | \$250  |                                       |
| 04/01/2020    | Jurgen Gramckow<br>12401 Ranch Road<br>Ojai, CA 93023   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Southland Sod  | \$500                       | \$500  |                                       |
| 04/19/2020    | James Mitchell<br>910 Barr Highland Road<br>Santa Paula, CA 93060                               | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | \$500                       | \$500  |                                       |

**SUBTOTAL \$ 2,250**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 7,250
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 7,250

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>01/01/2020</u><br>through <u>06/30/2020</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>5</u> of <u>7</u>  |
| I.D. NUMBER<br>1424124   |                            |

|   |                        |
|---|------------------------|
| NAME OF FILER<br>Re-Elect MacDonald District Four Oxnard City Council <i>2020</i> | I.D. NUMBER<br>1424124 |
|---|------------------------|

| DATE RECEIVED            | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 04/19/2020               | Shawn P. Gutterson<br>3266 Silverado Trail<br>Napa, CA 94558                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Reynold's Family Winery  | \$1,000                     | \$1,000  |                                       |
| 04/19/2020               | Steven T Perry<br>858 Loma Drive<br>Ojai, CA 93023  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>JJ's Sport Zone LLC  | \$1,000                     | \$1,000  |                                       |
| 04/30/2020               | Donlon Plumbing<br>3401 West Fifth Street<br>Oxnard, CA 93030                                   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$500                       | \$500  |                                       |
| 04/30/2020               | Nancy Jarvis<br>3615 South Victoria Ave<br>Oxnard, CA 93035                                     | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Managing Director<br>Harbor Management  | \$1,000                     | \$1,000  |                                       |
| 04/30/2020               | Lonnie Jarvis<br>3615 South Victoria Ave<br>Oxnard, CA 93035                                    | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | CEO<br>Harbor Management  | \$1,000                     | \$1,000  |                                       |
| <b>SUBTOTAL \$ 4,500</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 A (Continuation Sheet)  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>01/01/2020</u><br>through <u>06/30/2020</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>6</u> of <u>7</u>      |
| I.D. NUMBER<br>1424124   |                                |

NAME OF FILER

Re-Elect MacDonald District Four Oxnard City Council *2020*

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 06/15/2020    | Charles McLaughlin<br>2230 Greencastle Lane<br>Oxnard, CA 93035                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Aspen Helicopter   | \$500                       | \$500  |                                       |
| ///////       | ////  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |

**SUBTOTAL \$ 500**

\*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.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>01/01/2020</u><br>through <u>06/30/2020</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>7</u> of <u>7</u>  |
|  | I.D. NUMBER<br>1424124     |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Re-Elect MacDonald District Four 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT                     | AMOUNT PAID |
|---|---------|--|-------------|
| U. S. Bank<br>2385 North Oxnard Blvd, Oxnard CA 93036               |         | Check printing and account service charges | \$50.31     |
|   |         |  |             |
|   |         |  |             |

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

**SUBTOTAL \$ 50.31**

## Schedule E Summary

|   |                 |              |
|---|-----------------|--------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$              | 50.31        |
| 2. Unitemized payments made this period of under \$100.....   | \$              | 0            |
| 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> | <b>50.31</b> |