

**Recipient Committee  
Campaign Statement  
Cover Page**

Date Stamp Recorded Oxnard City Clerk 2018 OCT 18 PM 5:04	CALIFORNIA FORM <b>460</b>
	Page <u>1</u> of <u>17</u> For Official Use Only

Statement covers period from <u>7-1-2018</u> through <u>9-22-2018</u>	Date of election if applicable: (Month, Day, Year) <u>11-6-2018</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><small>(Also Complete Part 5)</small>                  | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input checked="" type="checkbox"/> General Purpose Committee<br><input checked="" type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination)<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report |
|---|--|

**3. Committee Information**

I.D. NUMBER  
**96-1270**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
**OXNARD CHAMBER OF COMMERCE - PAC**

STREET ADDRESS (NO P.O. BOX)  
**400 E ESPLANADE DR #302**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>OXNARD</b>	<b>CA</b>	<b>93036</b>	<b>805-983-6118</b>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
**AMY FONZO**

MAILING ADDRESS  
**400 E ESPLANADE DR #302**

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<b>OXNARD</b>	<b>CA</b>	<b>93036</b>	<b>805-983-6118</b>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 10, 2018  
Date

By *Amy R. Fonzo*  
Signature of Treasurer or Assistant Treasurer

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

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

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

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

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>7-1-2018</u>		<b>CALIFORNIA FORM 460</b>
through <u>9-22-2018</u>		
Page <u>2</u> of <u>17</u>		I.D. NUMBER <u>96-1270</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**OXNARD CHAMBER OF COMMERCE - PAC**

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>17970</u>	\$ <u>22770</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>17970</u>	\$ <u>22770</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	\$ <u>6850</u>	\$ <u>6850</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>24820</u>	\$ <u>29620</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	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>10927</u>	\$ <u>18723</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>10927</u>	\$ <u>18723</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>10927</u>	\$ <u>18723</u>

**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..... <i>Previous Summary Page, Line 16</i>	\$ <u>10496</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	\$ <u>17970</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	\$ <u>2</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$ <u>10927</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>17541</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..... *Schedule B, Part 2* \$ \_\_\_\_\_

**Cash Equivalents and Outstanding Debts**

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

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>7-1-2018</u>		<b>CALIFORNIA FORM 460</b>
through <u>9-22-2018</u>		
		Page <u>3</u> of <u>17</u>
NAME OF FILER <b>OXNARD CHAMBER OF COMMERCE - PAC</b>		I.D. NUMBER <b>96-1270</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**OXNARD CHAMBER OF COMMERCE - PAC**

I.D. NUMBER

**96-1270**

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)
7-31-2018	THRU INTERMEDIARY OXNARD CHAMBER 400 E ESPLANADE DR #302 OXNARD CA 93036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		600		
8-31-2018	ALL ARE VOLUNTARY CONTRIBUTIONS FOR \$50 PER YEAR NONE EQUAL \$100 OR MORE	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		800		
7-31-2018	STACY MILLER PUBLIC AFFAIRS P.O. BOX 55745 VALENCIA CA 91385	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	
8-10-2018	CALIFORNIA RESOURCES CORPORATION P.O. BOX 280820 NORTHRIDGE CA 91328-0820	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000	5000	
8-31-2018	TOM WADDELL STATE FARM INSURANCE 2861 N VENTURA ROAD, SUITE 101 OXNARD CA 93036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250	250	
<b>SUBTOTAL \$</b>				<b>7150</b>		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .....	\$	15275
2. Amount received this period – unitemized monetary contributions of less than \$100 .....	\$	2695
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>	<b>17970</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 from <u>7-1-2018</u> through <u>9-22-2018</u>	<b>CALIFORNIA FORM</b> <b>460</b>
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NAME OF FILER <b>OXNARD CHAMBER OF COMMERCE - PAC</b>	I.D. NUMBER <b>96-1270</b>
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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)
8-23-2018	LAW OFFICES OF NANCY KIERSTYN SCHREINER 400 CAMARILLO RANCH RD #102 CAMARILLO CA 93012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	
8-7-2018	WILLIAM BELCHER 1732 FISHER CT OXNARD CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	150	150	
8-10-2018	JULIE MINO 2775 N VENTURA RD #204 OXNARD CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO OXNARD CONVENTION & VISITORS BUREAU	150	150	
8-14-2018	KEN OPLINGER 5110 WHITECAP ST OXNARD CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO CHAMBER OF COMMERCE OF SANTA BARBARA	150	150	
8-27-2018	HAAS AUTOMATION 2800 STURGIS ROAD OXNARD CA 93030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500	2500	
<b>SUBTOTAL \$</b>				<b>3450</b>		

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       (other than PTY or SCC)  
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 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 from <u>7-1-2018</u> through <u>9-22-2018</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>OXNARD CHAMBER OF COMMERCE - PAC</b>	I.D. NUMBER <b>96-1270</b>
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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)
8-27-2018	LAW OFFICE OF MARC L CHARNEY 1000 TOWN CENTER DR #300 OXNARD CA 93036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	
8-28-2018	DEBRA LORENTZ 3610 ISLE WAY OXNARD CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	150	150	
8-31-2018	JANI TEK CLEANING SOLUTIONS 2401 EASTMAN AVE #36 OXNARD CA 93030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300	300	
8-31-2018	STACY PIZZUTI 2801 N VENTURA RD OXNARD CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BANKER UMPQUA BANK	150	150	
9-4-2018	BIG BRAND TIRES 1313 S OXNARD BLVD OXNARD CA 93030	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
<b>SUBTOTAL \$</b>				<b>1200</b>		

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 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 from <u>7-1-2018</u> through <u>9-22-2018</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>OXNARD CHAMBER OF COMMERCE - PAC</b>	I.D. NUMBER <b>96-1270</b>
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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)
9-4-2018	VENTURA COUNTY OCCULATIONAL MEDICAL CENTER 1901 HOLSER WALK #315 OXNARD CA 93036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150	150	
9-4-2018	JOHN JOLLY 1228 N CEDAR GLENDALE CA 92107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	100	100	
9-7-2018	PHIL & MARCIA PINTO 3630 BANSON ST ACTON CA 93510	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	400	400	
9-7-2018	NANCY NICOLETTI 2555 TOWNSGATE RD #200 WESTLAKE VILLAGE CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	350	350	
9-7-2018	LABORERS INT UNION LOCAL NO 585 21 S DOS CAMINOS AVE VENTURA CA 93003	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	
<b>SUBTOTAL \$</b>				<b>1100</b>		

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7-1-2018</u> through <u>9-22-2018</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

OXNARD CHAMBER OF COMMERCE - PAC

I.D. NUMBER

96-1270

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)
9-5-2018	MAC AUDIO VISUAL 6067 OLIVAS PARK DR SUITE H VENTURA CA 93003	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150	150	
9-5-2018	GUY BARBER 3600 S HARBOR BLVD OXNARD CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	200	200	
9-7-2018	CHARLENE PERKINS 3600 S HARBO9R BLVD OXNARD CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	150	150	
9-7-2018	STEVEN GAMA 3600 S HARBOR BLVD OXNARD CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	100	100	
9-7-2018	AARON BUSH 3600 S HARBOR BLVD OXNARD CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	100	100	
<b>SUBTOTAL \$</b>				<b>700</b>		

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OTH – Other (e.g., business entity)  
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SCC – Small Contributor Committee

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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7-1-2018</u> through <u>9-22-2018</u>		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <b>OXNARD CHAMBER OF COMMERCE - PAC</b>		I.D. NUMBER <b>96-1270</b>

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)
9-7-2018	LAW OFFICES OF NANCY KIERSTYN SCHREINER 400 CAMARILLO RANCH RD #102 CAMARILLO CA 93012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400	900	
9-7-2018	PETER ZIERHUT 2800 STURGIS ROAD OXNARD CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICE PRESIDENT HAAS AUTOMATION	425	425	
9-7-2018	MICHAEL MORGAN 4360 TRADEWINDS DR OXNARD CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	250	250	
9-7-2018	STEPHANIE ANGELO 3600 S HARBOR BLVD OXNARD CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	1200	1200	
9-7-2018	STEVEN GOAD 2300 DIAMOND HEAD WAY OXNARD CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ANALYST US NAVY	225	225	
<b>SUBTOTAL \$</b>				<b>2500</b>		

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 SCC – Small Contributor Committee



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

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7-1-2018</u> through <u>9-22-2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>17</u>

NAME OF FILER

OXNARD CHAMBER OF COMMERCE - PAC

I.D. NUMBER

96-1270

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)
9-12-2018	STACY MILLER PUBLIC AFFAIRS PO BOX 55745 VALENCIA CA 91385	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		475	975	
9-12-2018	PETER MARCUS 130 S LOMBARD ST OXNARD CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO GOODWILL INDUSTRIES	100	100	
9-7-2018	CASH SALES OF RAFFLE TICKETS ALL ARE LESS THAN \$100	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400	400	
9-7-2018	CASH SALES OF "CASINO CASH" ALL ARE LESS THAN \$100	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		380	380	
9-7-2018	CASH SALE OF SILENT ACUTION ITEM	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		40	40	
<b>SUBTOTAL \$</b>				<b>1395</b>		

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IND – Individual  
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(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 from <u>7-1-2018</u> through <u>9-22-2018</u>	<b>CALIFORNIA FORM 460</b>
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	I.D. NUMBER <b>96-1270</b>

NAME OF FILER

**OXNARD CHAMBER OF COMMERCE - PAC**

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)
9-7-2018	INDIVIDUAL ADMITTANCE TO CASINO NIGHT EVENT ALL ARE LESS THAN \$100 EACH	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		475	475	
		<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>				<b>475</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 C  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>7-1-2018</u> through <u>9-22-2018</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

OXNARD CHAMBER OF COMMERCE - PAC

I.D. NUMBER  
96-1270

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)
9-5-2018	STACY MILLER PUBLIC AFFAIRS PO BOX 55745 VALENCIA CA 91385	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		TV	500	1475	
9-5-2018	FLORENCE LA MANNO INSURANCE PO BOX 802 CAMARILLO CA 93011	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GIFT CERTIFICATES	100	100	
9-5-2018	STACY MILLER PUBLIC AFFAIRS PO BOX 55745 VALENCIA CA 91385	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3-NIGHT CABO SAN LUCAS STAY	1000	2475	
9-5-2018	STACY MILLER PUBLIC AFFAIRS PO BOX 55745 VALENCIA CA 91385	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4-NIGHT CABO SAN LUCAS STAY WITH AIRFARE	1700	4175	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 3300

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$	6495
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$	355
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 \$</b>	6850

\*Contributor Codes  
IND – Individual  
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OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

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OXNARD CHAMBER OF COMMERCE - PAC

I.D. NUMBER  
96-1270

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)
9-5-2018	STACY MILLER PUBLIC AFFAIRS PO BOX 55745 VALENCIA CA 91385	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LA KINGS TICKETS	850	5025	
9-5-2018	CROWNE PLAZA VENTURA BEACH 450 E HARBOR BLVD VENTURA CA 93001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1-NIGHT STAY	300	300	
9-5-2018	SOUTHERN CALIFORNIA JET SKIS 3600 S HORBOR BLVD OXNARD CA 93035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		ELECTRIC BOAT RENTALS	200	200	
9-5-2018	EMBASSY SUITES MANDALAY BEACH RESORT 2101 MANDALAY BEACH ROAD OXNARD CA 93035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2-NIGHT STAY	500	500	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 1850

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$	6495
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$	355
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 \$</b>	6850

\*Contributor Codes  
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COM – Recipient Committee (other than PTY or SCC)  
OTH – Other (e.g., business entity)  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period		<b>CALIFORNIA FORM 460</b>
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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)
9-5-2018	LAW OFFICES OF NANCY KIERSTYN SCHREINER 400 CAMARILLO RANCH RD #102 CAMARILLO CA 93012	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3 BOTTLES OF SEA SMOKE WINE	450	1350	
9-5-2018	LEVITY LIVE COMEDY CLUB 591 COLLECTION BLVD #4020 OXNARD CA 93036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		TICKETS AND LOGO MERCHANDISE	300	300	
9-5-2018	DAVE CASTRO PHOTOGRAPHY 113 LA GRANADA OXNARD CA 93035	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PHOTO PRINT	450	450	
9-5-2018	HIGH TIDES AND GREEN GRASS 2401 VINEYARD AVENUE OXNARD CA 93036	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		GOLF FOR FOUR PEOPLE	145	145	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$** 1345

**Schedule C Summary**

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....	\$	6495
2. Amount received this period – unitemized nonmonetary contributions of less than \$100 .....	\$	355
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 \$</b>	6850

\*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 D  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D

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**OXNARD CHAMBER OF COMMERCE - PAC**

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-6-2018	KEN OPLINGER FOR OXNARD CITY COUNCIL 2018 5110 WHITECAP STREET OXNARD CA 93035	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	FPPC #1409257	7500	7500	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
<b>SUBTOTAL \$</b>						

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)..... \$ \_\_\_\_\_
- Unitemized contributions and independent expenditures made this period of under \$100..... \$ \_\_\_\_\_
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** .. \$ \_\_\_\_\_

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

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96-1270

**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
LA DOLCE VITA 740 SOUTH B STREET OXNARD CA 93030	FND	CATERING	2532
HARLAND CLARK C/O CITIZENS BUSINESS BANK 2400 E GONZALES ROAD OXNARD CA 93036	OFC	CHECK PRINTING CHARGE	20
FEDEX OFFICE 2350 E VINEYARD AVE OXNARD CA 93036	FND	PRINTING FOR FUNDRAISER	138

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

**SUBTOTAL \$ 2690**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	3427
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>3427</b>

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

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>7-1-2018</u> through <u>9-22-2018</u>	<b>CALIFORNIA FORM 460</b>
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**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
CASINO KNIGHTS 9909 TOPANGA CANYON BLVD #275 CHATSWORTH CA 91311	FND		CASINO SERVICES	737

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

**SUBTOTAL \$**

**737**



**Schedule I  
Miscellaneous Increases to Cash**

Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period from <u>7-1-2018</u> through <u>9-22-2018</u>	<b>CALIFORNIA FORM 460</b>
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OXNARD CHAMBER OF COMMERCE - PAC

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
7-29-2018	CITIZENS BUSINESS BANK 2400 E GONZALES ROAD OXNARD CA 93036	INTEREST	1
8-31-2018	" " " "	INTEREST	1

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$ 2**

**Schedule I Summary**

1. Itemized increases to cash this period. ....	\$ <u>0</u>
2. Unitemized increases to cash of under \$100 this period. ....	\$ <u>2</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .....	\$ <u>0</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) .....	<b>TOTAL \$ <u>2</u></b>