<b>Recipient Committee</b>
Campaign Statement
Cover Page

Executed on \_\_\_\_

**COVER PAGE** Date Stamp CALIFORNIA FORM

	Statement covers period 9.23.2018 10.20.2018	Date of election if applicable: (Month, Day, Year) 18 01 25 P		For Official Use Only			
SEE INSTRUCTIONS ON REVERSE	through						
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.    Officeholder, Candidate Controlled Committee   Primarily Formed Ballot Measure   Committee   Committee   Committee   Committee   Committee   Controlled   Controlled   Controlled   Controlled   Complete Part 5)   Controlled   Complete Part 6)   Controlled   Complete Part 6)   Primarily Formed Candidate   Complete Part 6   Controlled   Controlled   Complete Part 6   Committee   Complete Part 6   Committee   Complete Part 6   Committee   Complete Part 6   Committee   Commit		2. Type of Statement:  ☐ Preelection Statement ☐ Quarterly Statement ☐ Semi-annual Statement ☐ Special Odd-Year Report ☐ Termination Statement     (Also file a Form 410 Termination) ☐ Amendment (Explain below)					
O Political Party/Central Committee	lso Complete Part 7)						
	NUMBER PPC# 1403448	Treasurer(s)					
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  Carmen Ramirez for Oxnard City Council District	2 - 2018	NAME OF TREASURER Roy Prince					
STREET ADDRESS (NO P.O. BOX)		MAILING ADDRESS POB 6838 CITY	STATE ZIP COD	E AREA CODE/PHONE			
2081 N. Oxnard Bdvd #150		Oxnard	CA 93031	8054480465			
Oxnard STATE ZIP COL		NAME OF ASSISTANT TREASURER, IF ANY					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS					
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP COD	E AREA CODE/PHONE			
OPTIONAL: FAX/E-MAILADDRESS	он бер и до провод от провод о	OPTIONAL: FAX / E-MAIL ADDRESS	ganda arakkan zaki eserjenia najeki y kati jaki kiki ya ya zapa ili jing Seliki kati kiki anaki	арыный крайна обисновання немнической это это под неста на фила это под неста на под неста на под неста на под 			
1. 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 10-25-2018  Executed on 10-25-2018  By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor							
Executed on	By Sign	nature of Controlling Officeholder, Candidate, State Measure Pr	oponent	70/m/00/m/044			

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

5.	Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballo	t Measure	Committee		
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	inciplines acceptable of the description of ARRIVAL and ARRIVAL AND ARRIVAL ASSESSMENT OF THE AR			
	Carmen Ramirez			113 Columnia de Caracteria de				
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	1 №	SUPPORT
	Oxnard City Council							OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	TY STATE ZIP		Identify the controlling office	ahaldar aandi	data avatata	MARIERA MEN	aanant if anv
	631 Ivywood Dr Oxnard,	CA 93030					measure bro	Jonesia, ir airy.
	Adaptive service de la constant de l	ing makan dan dan dan dan dan dan dan dan dan d		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENI		
	Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
	COMMITTEE NAME	I.D. NUMBER		Elementary for Elementary in Elementary in Elementary (a) and a fact and of the antiferior in American		na magamanday mili alah aram di dan qila magamay birili alah alah di da d		errei weekste producijs en omening outstagt weeksterekt meekste produktele produkte geskels door.
			7.	Primarily Formed Candofficeholder(s) or candidate(s,	didate/Offic	eholder Co	mmittee <i>L</i>	ist names of
	NAME OF TREASURER	CONTROLLED COMMITTEE?		officeholder(s) or candidate(s)	for which this	committee is p	rimarily form	ed.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BE	YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUC	SHT OR HELD	
	COMMITTEE ADDRESS STREET ADDRESS (NOT.O. D.					NAMES CONTRACTOR AND ADDRESS OF THE		SUPPORT OPPOSE
	CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUC	HT OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO				- A-1		OPPOSE
	3	•						
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		Atta	ch continuati	on sheets if ne	cessary	

#### **Campaign Disclosure Statement** Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period 9/23/18 CALIFORNIA FORM from \_\_ 10/20/18 through\_ I.D. NUMBER 1403448

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Carmen Ramirez for Oxnard City Council District 2 2018

Contributions Received	(	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
4 Manual Contributions		5697	e	63192	General Elections
1. Monetary Contributions	\$	m O m	ф	3100	1/1 through 6/30 7/1 to Date
2. Loans Received	_	5697		66292	20. Contributions 46620 s 13412
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	237	\$	237	
4. Nonmonetary Contributions		5924		66529	21. Expenditures 40422 \$15973
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$		\$		
Expenditures Made		EE40		56335	Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	5513	\$		Candidates
7. Loans Made Schedule H, Line 3		-0-		.O.	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	5513	\$	56335	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		=0.			Date of Election Total to Date
10. Nonmonetary Adjustment		-0-			(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	5513	\$	56335	\$
Current Cash Statement		4050	Ī		\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	4950	To	calculate Column B.	00 comments
13. Cash Receipts Column A, Line 3 above		5697	ad	ld amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4		-0-		to the corresponding nounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		5513		your last report. Some nounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	5134	be	negative figures that	
If this is a termination statement, Line 16 must be zero.				ould be subtracted from evious period amounts. If	
		-0-		s is the first report being ed for this calendar year,	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$		on	ly carry over the amounts	
Cash Equivalents and Outstanding Debts		-0-	an	m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse	\$	3100			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	3100			FPPC Form 460 (Jan/2016)
					FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

### Schedule A **Monetary Contributions Receiv**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded

SCHEDULE A

Ionetary Contributions Received	to whole dollars.	Stater	nent covers period	CALIFORNIA A CA	
oncially solidinations (10001400		from	9.23.2018	california 460 FORM	
E INSTRUCTIONS ON REVERSE		through	10.20.2018	Page 4 of 13	
ME OF FILER		-1		I.D. NUMBER	
Carmen Ramirez for Oxnard City Council District 2 - 2018				FPPC# 1403448	

	initioz for Oxnara Oity Ocarion District 2 2010					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.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)
2018-09-23	Michael Balter 34 Church Street, Apart 2E Tarrytown NY, 10591	IND COM OTH PTY	journalist Alf employed	50		
2018-09-25	David Shain 998 BRIGHT STAR CIR THOUSAND OAKS CA, 91360	IND COM OTH PTY SCC	Attorney Ferguson Case Orr Paterson LLP	100		
2018-10-02	Roberto Vargas 657 Skyline Road Ventura CA, 93003	☑IND □COM □OTH □PTY □SCC	Organization Psychologist New World Associates	100		
9.29.2018	Juan C Moreno 2132 Almanor St Oxnard CA 93030	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant	100		
9.29.2018	Gene R Elerding 2460 Valley Meadow Dr Oak View, CA 93022	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired.	150		
SUBTOTAL\$ 500						

### **Schedule A Summary**

Amount received this period – itemized monetary contributions.  (Include all Schedule A subtotals.)	:5850
Amount received this period – unitemized monetary contributions of less than \$100	A10

3. Total monetary contributions received this period.  \*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

FPPC Form 460 (Jan/2016)

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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Molletary Continutions Received	es mists assists.	Grafellietir covera herion	CALIFORNIA / CA
•		from 9.23.2018	FORM 460
		through 10.20.2018	Page 5 of 12
NAME OF FILER		то на видент в на формация на принципа на принципа на принципа на принципа на принципа на принципа на принципа На принципа на принципа	I.D. NUMBER
Carmen Ramirez for Oxnard City Council District 2 - 2	2018		FPPC# 1403448

	Throw to the state of the state					
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)
9.30.2018	Maria Guadalupe Moraza-Murilo 2021 Spyglass Trail Wes Oxnard, CA 93036	☑IND □COM □OTH □PTY □SCC	Jeacher Oxnard U.HSD	200	200	
9.29.2018	Law Offices of Terece Geoghegan 3585 Maple Street, Suite 228 Ventura, CA 93003	IND □ COM □ OTH □ PTY □ SCC	Attorney Law Offices of Terece Geoghegan	150	1/50	
10.01.2018	Gerald E Brown 2101 Doral Court Oxnard, CA 93036	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Refired	100	/100	
9.29.2018	John K Flynn 234 North L Street Oxnard, CA 93030	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	150	150	
9.29.2018	Ruby Durias 1710 Ambrose Ave Oxnard, CA 93035	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	100	150	
SUBTOTAL\$ 700						

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from \_

9.23.2018

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NAME OF FILER			en e	uuten kitä kasan jonka 10 gilkä kussasia kaitaan kitää saontyysiä en maikin ja oli teritiin taimminin tärittä		I.D. NUI	
Carmen Rar	mirez for Oxnard City Council District 2 - 2018					FPPC#	<sup>‡</sup> 1403448
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 CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
9.29.2018	Tim B Flynn 211 North F Street Oxnard, CA 930030	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Jeacher Oxhard Union Hiph School District Retired	150			
9.25.2018	Charles Goodwin 3830 San Simion Ave Oxnard, CA 93033	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retred	100			
9.29.2018	Barbara Macri Ortiz PO Box 6432 Oxnard, CA 93031	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer Self	200			
10.1.2018	Bennett/Ogden Trust 1851 Terrace Dr Ventura, CA 93001	☑IND □COM □OTH □PTY □SCC	Sepervisor Country of verthera Arethor Peters self	250			
10.2.2018	Sage Rainbow 3101 Pennsula Rd, 314 Oxnard, CA 93035	☑ IND □ COM □ OTH □ PTY □ SCC	Author Petino self	100			
Ordern geneti en literatur (de de en		norman normani (Ang 332) ng Estaman Sanon Contra California (Ang 1995)	SUBTOTAL \$	800			

\*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

PTY - Political Party

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM

Statement covers period

from .

9.23.2018

				through10.2	0.2018	Page .	7 of 13
NAME OF FILER		kakupukukoni faranya sabinya napa susuk karenzusia, dibi 55-kmilihili ini kakupuko kupun punkesi ilika basusa sasa dalah	он, домина до из типо од е ворогоричен разпритори де мене, в руско и корина в дочен тот и ест в оченового		I.D. NU	JMBER # 1403448	
Carmen Har	nirez for Oxnard City Council District 2 - 2018					FFFC	# 1403440
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
9.27.2018	Envionmental Coalition 1242 Chalmette Ave Ventura, CA 93003 501 C 4	□IND □COM □OTH □PTY □SCC		100			
10.5.2018	Darlene M Serros 2120 Ironbark Dr Oxnard, CA 93036	☑ IND □ COM □ OTH □ PTY □ SCC	Retired	250			
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL \$	250			

\*Contributor Codes

IND - Individual

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Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period 9/23/2018 from	california 460
through 10/20/2018	Page 8 of 17
	I.D. NUMBER
	1403448

NAME OF FILER

Carmen Ramirez for Oxnard City Council District 2 2018

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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)	
10/8/18	Byron Wedemeyer 110 South A Street, Oxnard, CA 93030	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer, Self Employed	100	100		
10/10/2018	Shelley Sherman 534 Mills Way Goleta, CA 93117	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100	100		
10/10/18	Panda Kroll 6456 Corte Tunitas Camarillo, CA 93012	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer, Bentor, Orr Duval	100	100		
10/15/18	Democratic Club of Ventura Post Office Box 3004 Ventura, CA 93006 FPPC # 1267336	□ IND □ COM □ OTH □ PTY □ SCC		1000	1325		
10/15/18	John Chiang for Treasure(2014 16633 Ventura Blvd., #1009 Encino, CA 91436 FPPC # 1333963	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1000	1000		
SUBTOTAL\$ 2300							

\*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

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

Carmen Ramirez for OxnardCity Council District 2 2018

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period 9/23/18 from	CALIFORNIA 460
through 10/20/18	Page 9 of 12
	I.D. NUMBER
	1403448

PER ELECTION IF AN INDIVIDUAL, ENTER **CUMULATIVE TO DATE** AMOUNT DATE CONTRIBUTOR FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OCCUPATION AND EMPLOYER **RECEIVED THIS** CALENDAR YEAR TO DATE RECEIVED CODE \* (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (JAN, 1 - DEC, 31) (IF REQUIRED) PERIOD **MIND** Retired Arturo Casillas □ COM 2513 Joshua Court 100 100 Потн Oxnard, CA 93036-6204 PTY □ SCC Retired Barbara Driscoll **IND** 921 W. Beverly Drive □сом 500 500 □отн Oxnard, CA 93030 □ PTY SCC SEIU EMPLOYEES INTERNATIONAL ☐ IND **UNION LOCAL 721 CTW** 300 ☑ COM 300 □отн 1545 WILSHIRE BLVD., #100 □ PTY LA, CA 90017 #743794 □scc Diane Delaney **☑** IND Diane Delaney, □сом Realtor, Remax Gold 200 200 2045 San Sebastian Drive □отн Coast Oxnard, CA 93035

Lawyer, Self Employed

SUBTOTAL \$

□PTY □SCC

**☑** IND

☐ COM

□отн

☐ PTY

□ scc

\*Contributor Codes

IND - Individual

NAME OF FILER

COM – Recipient Committee (other than PTY or SCC)

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

Joseph D. O'Neill

Oxnard, CA 93030

Attorney at Law

705 N. A St.,

PTY - Political Party

SCC - Small Contributor Committee

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100

100

Schedule B — Part 1 Loans Received  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Carmen Ramirez for OxnardCity C		ounts may be ro to whole dollar			Statement coverage of the statement of t		CALIFORNIA 46 FORM  Page 10 of 13  I.D. NUMBER  1403448		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(6) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	BALANCE AL	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION: TO DATE	
Maria Carmen Ramirez 631 Ivywood Drive Oxnard, CA 93030   ↑ IND □ COM □ OTH □ PTY □ SCC	Lawyer, Self	\$ 3100	\$ 0	PAID  \$ FORGIVEN  \$ PAID	s0	0 % RATE 0	\$ 3100 9/4/18 DATE INCURRED	CALENDAR YEAR \$ 3100 PER ELECTION** \$ 3100M  CALENDAR YEAR	
<sup>†</sup> □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$ FORGIVEN	\$DATE DUE	% RATE	\$DATE INCURRED	PER ELECTION **	
<sup>†</sup> □IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$ FORGIVEN	\$DATE DUE	% RATE	\$	\$PER ELECTION**	
Cahadula D Curamana		SUBTOTALS \$			\$	(Enter (e) on			
Schedule B Summary  1. Loans received this period				\$	0	Schedule E, Line 3)			

1.	Loans received this period	.\$	
2.	Loans paid or forgiven this period	.\$	0
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$	(May be a negative number)

†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.

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

Schedu Nonmoi	le C netary Contributions Received		Amounts may be rounded to whole dollars.		Statement cove 9/23/18 from 10/20/1	well-deployed week to be a second to	FO	SCHEDULE ORNIA 460
	TIONS ON REVERSE		•		through		Page	of
Carmer	R n Ramirez for Oxnard City Council Di	strict 2 201	8				1.D. NUMI 14034	
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 SERVICE		- DA	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/10	SEIU EMPLOYEES INTERNATIONAL UNION LOCAL 721 CTW 1545 Wilshire Blvd, #100 LA, CA 90017 # 743794	□IND □COM □OTH □PTY □SCC		In-kind contribution, slate mailer	\$237.2	4	<b>3</b> 37.24	
		□IND □COM □OTH □PTY □SCC						
may replaced and company of the comp		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
Attach add	litional information on appropriately labeled	continuation s	sheets.	SUBTOT	AL\$ 237.24	4		
	e C Summary received this period – itemized nonmonetary	y contribution	s.		237.2	INID	ntributor Cod – Individual	1

(Include all Schedule C subtotals.)....\$

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 ......\$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$

3. Total nonmonetary contributions received this period.

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PTY - Political Party

COM - Recipient Committee

-0-

237.24

(other than PTY or SCC)

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

#### Schedule E Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E

Statement covers period
9/23/18
from

10/20/18
through

10/20/18

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I.D. NUMBER
1403448

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carmen Ramirez for Oxnard City Council District 2 2018

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 TEL t.v. or cable airtime and production costs CVC civic donations petition circulating FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research TRS independent expenditure supporting/opposing others (explain)\* transfer between committees of the same candidate/sponsor IND postage, delivery and messenger services TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, e-mail) LIT campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Greater Oxnard Organization of Democrats 555 S. A Street Oxnard, CA 93030	OFC	RP	300
Robert O'Riley 3045 Grove Street Ventura, CA 93003	sal		2500
La Michoacana Azteca 2045 N. Oxnard Blvd, Oxnard, CA 93036	FND		220

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 3020

#### **Schedule E Summary**

1.	. Itemized payments made this period. (Include all Schedule E subtotals.)	\$
2	. Uniternized payments made this period of under \$100	\$
3.	. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4	. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<u>\$5513</u>

FPPC Form 460 (Jan/2016)

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

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### Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

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Statement covers period	CALIFORNIA 460
9/23/18 from	FORM 400
through	Page 13 of 13
	I.D. NUMBER 1403448

SEE INSTRUCTIONS ON REVERSE					thro	10/20/18	Page 13 of 13	
NAME OF FILER Carmen Ramirez for Oxnard City Council District 2 2018		medikkan gam vezegapa dah kerandi-kili melikke tari					1.D. NUMI 140344	
CNS campaign consultants MTG meet contribution (explain nonmonetary)* OFC office petitle candidate filling/ballot fees PND fundraising events POL pollin independent expenditure supporting/opposing others (explain)*	ber comings and expension circule banks age, deli	communications RAD radio airtime and production of and appearances RFD returned contributions enses SAL campaign workers' salaries roulating TEL t.v. or cable airtime and production of the communications are returned contributions to the campaign workers' salaries are returned contributions.					uction costs I meals and meals of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	0	DESC	CRIPTIC	N OF PAYMENT	vo ngo nga mga mga mga mga mga mga mga mga mga m	AMOUNT PAID
Proven Prints 5235 Mission Oaks Blvd., #294 Camarillo, CA 93012		prt						2493
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Payments that are contributions or independent expenditures must also be summarized on Schedule D.  SUBTOTAL \$ 2493								