

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp
Received
Oxnard City Clerk

CALIFORNIA FORM **460**

Page 1 of 5

For Official Use Only

Statement covers period
from 9/23/2018
through 10/20/2018

Date of election if applicable:
(Month, Day, Year) 11/06/2018

2018 OCT 25 PM 1:48

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
1409925

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Elizabeth White for City Council 2018

STREET ADDRESS (NO P.O. BOX)
5280 Cypress Road

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93033 (805) 607-9603

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Elizabeth White

MAILING ADDRESS
5280 Cypress Road

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93033

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 10/20/2018

Executed on 10/20/2018

Executed on _____

Executed on _____

By [Signature]
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

CALIFORNIA
FORM
460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Elizabeth White

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

City Council Member (District 5)

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

5280 Cypress Road Oxnard CA 93033

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

Elizabeth White

City Council Member

 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 from <u>9/23/2018</u> through <u>10/20/2018</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>6</u>
I.D. NUMBER 1409925	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Elizabeth White

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>539.00</u>	\$ <u>539.00</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	\$ <u>0.00</u>	\$ <u>900.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>539.00</u>	\$ <u>1,439.00</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>0.00</u>	\$ <u>1,439.00</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>539.00</u>	\$ <u>539.00</u>
21. Expenditures Made	\$ <u>875.00</u>	\$ <u>875.00</u>

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>0.00</u>	\$ <u>875.00</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>0.00</u>	\$ <u>875.00</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>0.00</u>	\$ <u>875.00</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>25.00</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	\$ <u>564.00</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	\$ <u>0.00</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	\$ <u>0.00</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>564.00</u>

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

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0.00</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>900.00</u>

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.

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>9/23/2018</u>		CALIFORNIA FORM 460
through <u>10/20/2018</u>		
Page <u>4</u> of <u>5</u>		I.D. NUMBER 1409925

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elizabeth White

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)
9/26/2018	Laborers Int. Union of North America Local No 585 FPPC # 1409925 21 South Dos Camino Avenue Ventura, CA 93003	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	300.00
9/26/2018	S.G. Zadik 534 Via Arroyo Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	15.00	15.00	15.00
10/10/2018	Dr. Raymond Lopez 3015 Dove Canyon Drive Oxnard, Ca 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Doctor, La Clinica Fesalud Reiter Affiliated	99.00	99.00	99.00
10/19/2018	Candelario Garcia 5280 Cypress Road Oxnard, CA 93033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Janitor, US Post Office	100.00	100.00	100.00
10/19/2018	Lydia Brown 3131 E Legacy Drive #1022 Phoenix, AZ 85042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25.00	25.00	25.00

SUBTOTAL \$ 539.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ 539.00
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ _____
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....	TOTAL \$ 539.00

***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 B – Part 1
Loans Received**

Amounts may be rounded
to whole dollars.

Statement covers period
from 9/23/2018
through 10/20/2018

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elizabeth White

I.D. NUMBER

1409925

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
Elizabeth White 5280 Cypress Road Oxnard, CA 93033 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Development Director Triunfo Legal	\$ <u>900.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ <u>900.00</u> <u>11/06/2018</u> DATE DUE	_____% RATE \$ _____	\$ <u>900.00</u> <u>7/18/2018</u> DATE INCURRED	CALENDAR YEAR \$ <u>900.00</u> PER ELECTION** \$ <u>900.00</u>
† <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** \$ _____
† <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** \$ _____
SUBTOTALS		\$	\$	\$	\$ <u>900.00</u>	\$	\$	

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

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET** \$ 0.00
Enter the net here and on the Summary Page, Column A, Line 2. (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.