

**Recipient Committee  
Campaign Statement  
Cover Page**

Received  
Oxnard City Clerk

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**CALIFORNIA FORM 460**

Page 1 of 18

For Official Use Only

Statement covers period  
from 07/01/2016  
through 09/24/2016

Date of election if applicable:  
(Month, Day, Year)  
11/08/2016

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall  
(Also Complete Part 5)
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored  
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER  
1389129

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

Committee to Elect Sylvia Paniagua Oxnard City Clerk 2016

STREET ADDRESS (NO P.O. BOX)

1901 Spyglass Trail West

|               |           |              |                     |
|---------------|-----------|--------------|---------------------|
| CITY          | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>Oxnard</u> | <u>CA</u> | <u>93036</u> | <u>805-814-1455</u> |

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

Suzanne Becerra

MAILING ADDRESS

1950 St. Andrews Ct.

|               |           |              |                     |
|---------------|-----------|--------------|---------------------|
| CITY          | STATE     | ZIP CODE     | AREA CODE/PHONE     |
| <u>Oxnard</u> | <u>CA</u> | <u>93036</u> | <u>805-485-0443</u> |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

sbecerra805@aol.com

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/28/2016  
Date

Executed on 9-28-16  
Date

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

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

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**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Sylvia Paniagua

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Seeking Oxnard City Clerk

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1901 Spyglass Trail West, Oxnard Oxnard, CA 93036

**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<br>NONE                         | I.D. NUMBER   |
| NAME OF TREASURER                              | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) |   |
| CITY STATE ZIP CODE AREA CODE/PHONE            |   |

|  |   |
|--|---|
| COMMITTEE NAME                                 | I.D. NUMBER   |
| NAME OF TREASURER                              | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) |   |
| CITY STATE ZIP CODE AREA CODE/PHONE            |   |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

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

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

|                       |                     |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

**7. Primarily Formed Candidate/Officeholder Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>07/01/2016</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>09/24/2016</u>                         |                                |
| Page <u>3</u> of <u>18</u>                        | I.D. NUMBER<br>1389129         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT SYLVIA PANIAGUA OXNARD CITY CLERK 2016

|   | 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>5,444</u>  | \$ <u>5,444</u>                            |
| 2. Loans Received..... <i>Schedule B, Line 3</i>            | <u>0.00</u>  | <u>0.00</u>                                |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>  | \$ <u>5,444</u>  | \$ <u>5,444</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>5,444</u>  | \$ <u>5,444</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      | \$ _____         | \$ _____    |

|   | 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>3,085</u>  | \$ <u>3,085</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>3,085</u>  | \$ <u>3,085</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>3,085</u>  | \$ <u>3,085</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>0.00</u>  |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i>                              | <u>5,444</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>3,085</u>    |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>2,359</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>0.00</u> |
|---|----------------|

| 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>0.00</u> |

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2016</u><br>through <u>09/24/2016</u>    |  | <b>CALIFORNIA<br/>FORM 460</b> |
|   |  |                                |
| NAME OF FILER<br><b>COMMITTEE TO ELECT SYLVIA PANIAGUA OXNARD CITY CLERK 2016</b> |  | I.D. NUMBER<br>1389129         |

SEE INSTRUCTIONS ON REVERSE

| 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 OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/01/2016    | ALLAN MICHAELS<br>2540 PENINSULA<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 | RETIRED   | 100                         | 100  | 100                                   |
| 09/01/2016    | CAROLE SAVALA<br>1930 ST. ANDREWS CT.<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 | RETIRED   | 100                         | 100  | 100                                   |
| 09/01/2016    | SANDRA J. PENA<br>1820 NATALIE PLACE<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  | 100                                   |
| 09/01/2016    | WILLIAM T. BELCHER<br>1732 FISHER CT.<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 | RETIRED   | 100                         | 100  | 100                                   |
| 09/01/2016    | MICHELE PANIAGUA<br>930 NORTH H 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 | SCHOOL CAFETERIA<br>SUPERVISOR/ OX EL<br>SCHOOL DIST.   | 100                         | 100  | 100                                   |

**SUBTOTAL \$ 500**

**Schedule A Summary**

|  |                      |
|--|----------------------|
| 1. Amount received this period – itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                           | \$ 4325              |
| 2. Amount received this period – unitemized monetary contributions of less than \$100 .....  | \$ 1119              |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... | <b>TOTAL \$ 5444</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 |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 01/01/2016 |                            |
| through                 | 09/24/2016 | Page <u>5</u> of <u>18</u> |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>COMMITTEE TO ELECT SYLVIA PANIAGUA OXNARD CITY CLERK 2016</b> | I.D. NUMBER<br><b>1389129</b> |
|---|-------------------------------|

| 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 OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/01/2016         | MARSHA CORDES<br>941 JUNE BERRY PLACE<br>OXNARD, CA 93036                                       | <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 | HIGH SCHOOL TEACHER / OXNARD UNION HS DIST  | 100                         | 100  | 100                                   |
| 09/01/2016         | MIKE ARANDA<br>2511 RUBY DRIVE<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  | 100                                   |
| 09/01/2016         | CHRISTY FRANCO<br>413 E IRIS STREET<br>OXNARD, CA 93033   | <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 | BANKER / UNION BANK   | 100                         | 100  | 100                                   |
| 09/01/2016         | CINDY MADRIGAL<br>950 W POPLAR STREET<br>OXNARD, CA 93033                                       | <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 | ADMIN / CITY OF SANTA PAULA   | 100                         | 100  | 100                                   |
| 09/01/2016         | SUZANNE BECERRA<br>1950 ST. ANDREWS CT.<br>OXNARD, CA 93036                                     | <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 | BANKER / CITY NATIONAL BANK   | 100                         | 100  | 100                                   |
| <b>SUBTOTAL \$</b> |   |   |   | 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 A (Continuation Sheet)**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2016</u><br>through <u>09/24/2016</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>6</u> of <u>18</u> |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>COMMITTEE TO ELECT SYLVIA PANIAGUA OXNARD CITY CLERK 2016</b> | I.D. NUMBER<br><b>1389129</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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 09/01/2016         | JUAN PANIAGUA<br>930 NORTH H 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 | MACHINIST / EATON CORPORATION  | 100                         | 100   | 100                                |
| 09/01/2016         | EDWARD CASTRUITA<br>700 WAVERLY CT.<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   | 100                                |
| 09/01/2016         | JESS HERRERA<br>2241 WINGED FOOT CT.<br>OXNARD, CA 93036                                     | <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 | HARBOR COMMISSIONER/<br>OXNARD HARBOR DIST   | 100                         | 100   | 100                                |
| 09/01/2016         | LISA KNAPP<br>341 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 | SELF - OPTOMETRIST /<br>LISA L. KNAPP, OD  | 100                         | 100   | 100                                |
| 09/01/2016         | NOEMI VALDES<br>1020 LODGEWOOD WAY<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 | EARLY CHILDHOOD<br>EDUCATION DR. / OX<br>ELEMENTARY SD                                     | 100                         | 100   | 100                                |
| <b>SUBTOTAL \$</b> |  |   |  | <b>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   |  | <b>CALIFORNIA FORM 460</b> |
| from <u>01/01/2016</u>    |  |                            |
| through <u>09/24/2016</u> |  | Page <u>7</u> of <u>18</u> |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>COMMITTEE TO ELECT SYLVIA PANIAGUA OXNARD CITY CLERK 2016</b> | I.D. NUMBER<br><b>1389129</b> |
|---|-------------------------------|

| 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 OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/01/2016         | PATRICIA PORTILLO<br>1210 LOOKOUT DRIVE<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 | RETIRED   | 125                         | 125  | 125                                   |
| 09/01/2016         | ERIC SONSTEGARD<br>12610 HILLSIDE DRIVE<br>MOORPARK, CA 93021                                   | <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 | ASST CHIEF / OXNARD<br>POLICE DEPARTMENT  | 150                         | 150  | 150                                   |
| 09/01/2016         | OTANI FISH MARKET<br>608 SOUTH A 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 |   | 200                         | 200  | 200                                   |
| 09/01/2016         | JILL NIEVES<br>3122 BROOKWOOD LANE<br>OXNARD, CA 93036  | <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   | 250                         | 250  | 250                                   |
| 09/01/2016         | OXNARD PEACE OFFICERS ASSOCIATION<br>251 SOUTH C 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 |   | 2000                        | 2000   | 2000                                  |
| <b>SUBTOTAL \$</b> |   |   |   | <b>2725</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 |            | <b>CALIFORNIA FORM 460</b> |
| from                    | 07/01/2016 |                            |
| through                 | 09/24/2016 | Page <u>8</u> of <u>18</u> |

|   |                        |
|---|------------------------|
| NAME OF FILER<br><b>COMMITTEE TO ELECT SYLVIA PANIAGUA OXNARD CITY CLERK 2016</b> | I.D. NUMBER<br>1389129 |
|---|------------------------|

| 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 OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/14/2016         | CONRAD R. ALVAREZ SR.<br>6277 CALLE ARENA<br>CAMARILLO CA 93012                                 | <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 | SELF - EMPLOYED /<br>CONRAD R. ALVAREZ<br>CONSULTING  | 100                         | 100  | 100                                   |
|                    |   | <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            |   |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |   | 100                         |  |                                       |

\*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<br>from <u>01/01/2016</u><br>through <u>09/24/2016</u> | <b>CALIFORNIA FORM 460</b> |
|  | Page <u>9</u> of <u>18</u> |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO ELECT SYLVIA PANIAGUA OXNARD CITY CLERK 2016

I.D. NUMBER  
1389129

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD * |   | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                 |
|--|---|--|------------------------------------|--|---|--|----------------------------------|--------------------------------|---|
|  |   |  |                                    | <input type="checkbox"/> PAID<br>\$ _____    | <input type="checkbox"/> FORGIVEN<br>\$ _____ |  |                                  |                                |   |
| NONE   |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____    | <input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____   | _____%<br>RATE                   | \$ _____                       | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____    | <input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____   | _____%<br>RATE                   | \$ _____                       | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____    | <input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____   | _____%<br>RATE                   | \$ _____                       | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____    | <input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____   | _____%<br>RATE                   | \$ _____                       | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| <b>SUBTOTALS</b>   |   |  |                                    |  |   |  |                                  | \$ _____                       | \$ _____  |

**Schedule B Summary**

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

- Loans received this period ..... \$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ \_\_\_\_\_  
(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 \$ \_\_\_\_\_  
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.

**Schedule B – Part 2  
Loan Guarantors**

Amounts may be rounded  
to whole dollars.

|                         |            |                             |
|-------------------------|------------|-----------------------------|
| Statement covers period |            | <b>CALIFORNIA FORM 460</b>  |
| from                    | 07/01/2016 |                             |
| through                 | 09/24/2016 | Page <u>10</u> of <u>18</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT SYLVIA PANIAGUA OXNARD CITY CLERK 2016

I.D. NUMBER

1389129

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN                             | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE  | BALANCE OUTSTANDING TO DATE |
|---|--|---|----------------------------------|-------------------------------|---|-----------------------------|
| NONE  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br>_____<br>DATE<br>_____ |                               | CALENDAR YEAR<br>\$ _____<br>PER ELECTION (IF REQUIRED)<br>\$ _____ |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br>_____<br>DATE<br>_____ |                               | CALENDAR YEAR<br>\$ _____<br>PER ELECTION (IF REQUIRED)<br>\$ _____ |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br>_____<br>DATE<br>_____ |                               | CALENDAR YEAR<br>\$ _____<br>PER ELECTION (IF REQUIRED)<br>\$ _____ |                             |
|   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | LENDER<br>_____<br>DATE<br>_____ |                               | CALENDAR YEAR<br>\$ _____<br>PER ELECTION (IF REQUIRED)<br>\$ _____ |                             |

**SUBTOTAL \$**

Enter on  
Summary Page,  
Line 17 only.

**Schedule C  
Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE C

|   |                                |
|---|--------------------------------|
| Statement covers period<br>from <u>07/01/2016</u> | <b>CALIFORNIA<br/>FORM 460</b> |
| through <u>09/24/2016</u>                         |                                |
| Page <u>11</u> of <u>18</u>                       |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT SYLVIA PANIAGUA OXNARD CITY CLERK 2016

I.D. NUMBER

1389129

| 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) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
|               | NONE   | <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 |  |                                  |                           |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.)..... \$ \_\_\_\_\_
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)..... **TOTAL \$** \_\_\_\_\_

**\*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

|   |  |                                |
|---|--|--------------------------------|
| Statement covers period                                   |  | <b>CALIFORNIA<br/>FORM 460</b> |
| from <u>07/01/2016</u>                                    |  |                                |
| through <u>09/24/2016</u>                                 |  | Page <u>12</u> of <u>18</u>    |
| NAME OF FILER   |  | I.D. NUMBER                    |
| COMMITTEE TO ELECT SYLVIA PANIAGUA OXNARD CITY CLERK 2016 |  | 1389129                        |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT SYLVIA PANIAGUA OXNARD CITY CLERK 2016

I.D. NUMBER

1389129

| 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) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
|                    | NONE  | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |   |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    |   |                           |                    |   |                                    |
|                    |   | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><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 D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT.)

|  |                             |
|--|-----------------------------|
| Statement covers period<br>from <u>01/01/2016</u><br>through <u>09/24/2016</u> | <b>CALIFORNIA FORM 460</b>  |
|  | Page <u>13</u> of <u>18</u> |

|   |                               |
|---|-------------------------------|
| NAME OF FILER<br><b>COMMITTEE TO ELECT SYLVIA PANIAGUA OXNARD CITY CLERK 2016</b> | I.D. NUMBER<br><b>1389129</b> |
|---|-------------------------------|

| 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) |
|--------------------|---|---|---------------------------|--------------------|---|------------------------------------|
|                    | NONE<br><input type="checkbox"/> Support <input type="checkbox"/> Oppose                            | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
|                    | <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                    | <input type="checkbox"/> Monetary Contribution<br><input type="checkbox"/> Nonmonetary Contribution<br><input type="checkbox"/> Independent Expenditure |                           |                    |   |                                    |
| <b>SUBTOTAL \$</b> |   |   |                           |                    |   |                                    |

**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

|   |            |                                |
|---|------------|--------------------------------|
| Statement covers period                                   |            | <b>CALIFORNIA<br/>FORM 460</b> |
| from  | 07/01/2016 |                                |
| through   | 09/24/2016 | Page <u>14</u> of <u>18</u>    |
| NAME OF FILER   |            | I.D. NUMBER                    |
| COMMITTEE TO ELECT SYLVIA PANIAGUA OXNARD CITY CLERK 2016 |            | 1389129                        |

SEE INSTRUCTIONS ON REVERSE

**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 |
|---|---------|--|-------------|
| BEYOND GRAVITY MEDIA<br>530 E LOS ANGELES AVENUE, STE 115-217<br>MOORPARK, CA 93021 | WEB     | WEBSITE DEVELOPMENT & SOCIAL MEDIA<br>MANAGEMENT | 1462        |
| EAZEL PRINTING<br>1211 DECKSIDE DRIVE<br>OXNARD, CA 93035                           | CMP     | CUSTOM SIGNS, CARDS, STICKERS, &<br>ENVELOPES    | 1623        |
|   |         |  |             |

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

**SUBTOTAL \$ 3085**

**Schedule E Summary**

|   |                 |             |
|---|-----------------|-------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.).....   | \$              | 3085        |
| 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>3085</b> |



**Schedule G**  
**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

SCHEDULE G

|   |                            |
|---|----------------------------|
| Statement covers period<br>from <u>07/01/2016</u> | <b>CALIFORNIA FORM 460</b> |
| through <u>09/24/2016</u>                         |                            |
| Page <u>16</u> of <u>18</u>                       |                            |

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER

COMMITTEE TO ELECT SYLVIA PANIAGUA OXNARD CITY CLERK 2016

I.D. NUMBER

1389129

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**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)           |

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

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| NONE  |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.



**Schedule H  
Loans Made to Others\***

Amounts may be rounded  
to whole dollars.

|   |  |                             |
|---|--|-----------------------------|
| Statement covers period<br>from <u>07/01/2016</u> |  | <b>CALIFORNIA FORM 460</b>  |
| through <u>09/24/2016</u>                         |  |                             |
|   |  | Page <u>17</u> of <u>18</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT SYLVIA PANIAGUA OXNARD CITY CLERK 2016

I.D. NUMBER

1389129

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>LOANED THIS<br>PERIOD | (c)<br>REPAYMENT OR<br>FORGIVENESS<br>THIS PERIOD* |                                   | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>RECEIVED | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>LOANS<br>TO DATE                   |
|--|---|---|--|--|-----------------------------------|---|-----------------------------|--------------------------------------|---|
|  |   |   |  | <input type="checkbox"/> PAID                      | <input type="checkbox"/> FORGIVEN |   |                             |                                      |   |
| NONE   |   | \$ _____  | \$ _____                               | \$ _____   | DATE DUE                          | \$ _____  | _____ %<br>RATE             | \$ _____<br>DATE INCURRED            | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
|  |   | \$ _____  | \$ _____                               | \$ _____   | DATE DUE                          | \$ _____  | _____ %<br>RATE             | \$ _____<br>DATE INCURRED            | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
|  |   | <b>SUBTOTALS</b>  |  | \$ _____   | \$ _____                          | \$ _____  | \$ _____                    |                                      |   |

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

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

**Schedule H Summary**

- Loans made this period.....\$ \_\_\_\_\_  
(Total Column (b) plus unitemized loans of less than \$100.)
- Payments received on loans.....\$ \_\_\_\_\_  
(Total Column (c) plus unitemized payments of less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.)..... **NET** \$ \_\_\_\_\_  
(Enter the net here and on the Summary Page, Column A, Line 7.)  
(May be a negative number)

**\*\*If Required**

**Schedule I  
Miscellaneous Increases to Cash**

Amounts may be rounded  
to whole dollars.

SCHEDULE I

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>07/01/2016</u><br>through <u>09/24/2016</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>18</u> of <u>18</u>    |
| I.D. NUMBER<br>1389129   |                                |

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO ELECT SYLVIA PANIAGUA OXNARD CITY CLERK 2016

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|------------------------|----------------------------|
|               | NONE  |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |
|               |   |                        |                            |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule I Summary**

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