

Date: February 5, 2020

To: County Executive Office, Campaign Finance Staff

From: Ventura County Clerk-Recorder, Registrar of Voters

Subject: Report #2020-04 of Apparent Violation of the Ventura County Campaign Finance Reform Ordinance (No. 4510)

In accordance with Section 1305(e) of the Ventura County Campaign Finance Reform Ordinance (No. 4510), the Ventura County Clerk-Recorder, Registrar of Voters is hereby reporting to the County Executive Office an apparent violation of Section 1268(a) of Ordinance #4510, by the Committee *Carmen Ramirez for Supervisor 2020*. Section 1268(a) states:

“No person shall make to any participating candidate for elective county office or the controlled committee of such a candidate, and no such participating candidate for elective county office, or controlled committee of such a candidate shall accept from a person any contribution totaling more than seven hundred and fifty dollars (\$750) per election for each of the following elections for which the individual is a candidate: a primary election, or a general (runoff) election.”

Section 1264(d) of the Ordinance defines a “participating candidate” as “a candidate who has agreed to limit his or her expenditures pursuant to Section 1265.” Further, Section 1272 of the Ordinance defines the primary and general election cycles. Moreover, Section 1280 of the Ordinance states when contributions may be collected, beginning one year before the election.

According to the attached PDF of California Form 460 (July 1, 2019-October 30, 2019, filed November 17, 2019), the following contribution to the Committee *Carmen Ramirez for Supervisor 2020* is listed from Richard Erlich:

July 10, 2019 (Page 6 of attached PDF)

July 30, 2019 (Page 7 of attached PDF)

The Ventura County Clerk-Recorder, Registrar of Voters has determined that the above contributions from Richard Erlich, totaling \$900 as listed on this document, exceed on their face the \$750 individual contribution limit over the course of an election cycle, and appear to be a violation of Section 1268(a) of the Ordinance.

Attachment

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

Statement covers period from <u>07/01/2019</u> through <u>10/30/2019</u>	Date of election if applicable: (Month, Day, Year) <u>03/03/2020</u>	Date Stamp <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">E-Filed 11/27/2019 10:17:41 Filing ID: 183916926</div>	CALIFORNIA FORM 460 Page <u>1</u> of <u>15</u> For Official Use Only
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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
 Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1416574

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Carmen Ramirez for Supervisor 2020

STREET ADDRESS (NO P.O. BOX)
631 Ivywood Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030

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
Roy Prince

MAILING ADDRESS
631 Ivywood Drive

CITY STATE ZIP CODE AREA CODE/PHONE
Oxnard CA 93030

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 11/26/2019
Date

Executed on 11/26/2019
Date

Executed on _____
Date

Executed on _____
Date

By Roy Prince
Signature of Treasurer or Assistant Treasurer

By Carmen Ramirez
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**

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Carmen Ramirez

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

County Supervisor Supervisor - Ventura County - 5: Ventura County District 5

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

631 Ivywood Drive Oxnard CA 93030

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <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? <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

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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <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 from 07/01/2019 through 10/30/2019	CALIFORNIA FORM 460
	Page 3 of 15
	I.D. NUMBER 1416574

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Carmen Ramirez for Supervisor 2020

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 8,399.00	\$ 38,319.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 8,399.00	\$ 38,319.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 8,399.00	\$ 38,319.00

**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 Schedule E, Line 4	\$ 17,103.81	\$ 30,199.79
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 17,103.81	\$ 30,199.79
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 17,103.81	\$ 30,199.79

**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 Previous Summary Page, Line 16	\$ 16,824.02
13. Cash Receipts Column A, Line 3 above	8,399.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	17,103.81
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 8,119.21

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).

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 0.00

*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>07/01/2019</u> through <u>10/30/2019</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1416574	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Carmen Ramirez for Supervisor 2020

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)
07/01/2019	Aurora Cuellar 3942 Senan St Camarillo, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	150.00	150.00	P2019 \$150.00
07/01/2019	Karen Flock 564 Howard St Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housing Developer City Of Ventura Housing Authority	250.00	500.00	P2019 \$500.00
07/01/2019	Jon Huycke 3129 S. F 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	Nurse Retired	100.00	400.00	P2019 \$400.00
07/01/2019	Barbara Macri Ortiz P.O. Box 6432 Oxnard, CA 93031	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney SELF	100.00	300.00	P2019 \$300.00
07/01/2019	Nancy Settle 1301 Beachmont St Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	200.00	200.00	P2019 \$200.00
SUBTOTAL \$				800.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 7,549.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 850.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 8,399.00

*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 A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2019	
through	10/30/2019	Page <u>5</u> of <u>15</u>
NAME OF FILER		I.D. NUMBER
Carmen Ramirez for Supervisor 2020		1416574

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)
07/01/2019	Daisy Tatum 2510 El Portal 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	Retired Retired	100.00	100.00	P2019 \$100.00
07/01/2019	Dennis Van Daalwyk 4016 Ocean 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	Business Owner Resolve Specialty Products	100.00	100.00	P2019 \$100.00
07/01/2019	Pauline Weaver 38890 Altura St. Fremont, CA 94536	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Self employed	100.00	100.00	P2019 \$100.00
07/06/2019	Jackson Piper 248 McKnight Rd Newbury Park, CA 91320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional Planner County of Los Angeles, Department of Regional Planning	350.00	350.00	P2019 \$350.00
07/09/2019	Tracy Gallaher 2319 Channel Dr Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrative Assistant Ventura County	100.00	100.00	P2019 \$100.00
SUBTOTAL \$				750.00		

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 PTY - Political Party
 SCC - Small Contributor Committee

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

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2019</u> through <u>10/30/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER Carmen Ramirez for Supervisor 2020	I.D. NUMBER 1416574
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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)
07/09/2019	Patricia Younis 2215 Kingsbridge Lane Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commercial Real Estate Consultant Self	100.00	100.00	P2019 \$100.00
07/10/2019	Richard Erlich 711 Island View Circle Port Hueneme, CA 93041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	900.00	P2019 \$900.00
07/12/2019	Judith Greenstate 5141 Neptune Sq Ventura, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Educator Retired	750.00	750.00	P2019 \$750.00
07/12/2019	Stacy Quan 9002 NE 10th St Bellevue, WA 98004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Self	250.00	250.00	P2019 \$250.00
07/19/2019	Francis Sparagna P.O. Box 371300 Reseda, CA 91337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer Self employed	750.00	750.00	P2019 \$750.00
SUBTOTAL \$				1,950.00		

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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**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2019	
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Carmen Ramirez for Supervisor 2020		1416574

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)
07/24/2019	Vanessa Frank 324 Catalina St Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Self	200.00	200.00	P2019 \$200.00
07/28/2019	Diana Troik 86 Pino Court Camarillo, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed N/A	100.00	100.00	P2019 \$100.00
07/30/2019	Richard Erlich 711 Island View Circle Port Huenceme, CA 93041	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	200.00	900.00	P2019 \$900.00
07/31/2019	All Languages Interpreting & Translating, Inc 701 E Santa Clara St Ventura, CA 93001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	P2019 \$500.00
08/01/2019	Jon Huycke 3129 S. F 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	Nurse Retired	100.00	400.00	P2019 \$400.00
SUBTOTAL \$				1,100.00		

*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 A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from <u>07/01/2019</u>		
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NAME OF FILER Carmen Ramirez for Supervisor 2020	I.D. NUMBER 1416574
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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)
08/02/2019	Janis McCormick 1230 East Collins St Oxnard, CA 93036	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	200.00	200.00	P2019 \$200.00
08/24/2019	Melissa Demarco 4201 Saddlecrest Ln 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	Not employed Not employed	100.00	100.00	P2019 \$100.00
08/30/2019	Jon Huycke 3129 S. F 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	Nurse Retired	100.00	400.00	P2019 \$400.00
09/07/2019	Ventura Citizens for Hillside Preservation, Inc (ID# Pending) 4628 Vanderbilt Ct Ventura, CA 93003	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		399.00	399.00	P2019 \$399.00
09/12/2019	K Bradley Hudson 1111 Manitou Rd Santa Barbara, CA 93101	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	District Representative California State Senator Hannah-Beth Jackson	100.00	100.00	P2019 \$100.00
SUBTOTAL \$				899.00		

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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**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from 07/01/2019		
through 10/30/2019		Page 9 of 15
NAME OF FILER		I.D. NUMBER
Carmen Ramirez for Supervisor 2020		1416574

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)
09/13/2019	Judith Bysshe 410 Church Rd Unit 10 Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	200.00	200.00	P2019 \$200.00
09/15/2019	Gary Gero 1035 Alcalde Drive Glendale, CA 91207	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Los Angeles County	250.00	250.00	P2019 \$250.00
09/16/2019	Meghan Sahli Wells 4201 Lafayette Pl Culver City, CA 90232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mayor Culver City	100.00	100.00	P2019 \$100.00
09/25/2019	Michele Martinez 1901 E. First Street #269 Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Self	100.00	100.00	P2019 \$100.00
10/01/2019	Jon Huycke 3129 S. F 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	Nurse Retired	100.00	400.00	P2019 \$400.00
SUBTOTAL \$				750.00		

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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**

SCHEDULE A (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period from <u>07/01/2019</u> through <u>10/30/2019</u>	CALIFORNIA FORM 460
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NAME OF FILER Carmen Ramirez for Supervisor 2020	I.D. NUMBER 1416574
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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)
10/11/2019	Patricia Butler 8266 Solano St none Ventura, CA 93004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	200.00	P2019 \$200.00
10/15/2019	John Harabedian 531 Foothill Ave. Sierra Madre, CA 91204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Bentham IMF	100.00	100.00	P2019 \$100.00
10/16/2019	Ventura County Women's Political Council (ID# 1338290) P.O. Box 6603 Ventura, CA 93006	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	750.00	P2019 \$750.00
10/29/2019	Jackson For Senate 2016 (ID# 1353735) 555 East Ocean Ave 420 Long Beach, CA 90802	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	P2019 \$250.00
10/30/2019	Aurora De La Selva 3144 Sunset Lane Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	100.00	100.00	P2019 \$100.00
SUBTOTAL \$				1,300.00		

*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 E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2019 through 10/30/2019	CALIFORNIA FORM 460
	Page 11 of 15
	I.D. NUMBER 1416574

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carmen Ramirez for Supervisor 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Good Club POB 6645 Oxnard, CA 93031	FIL	Endorsement Filing Fee Chk # 121	25.00
Robert O'Riley 3045 Grove Street Ventura, CA 93003	CMP	Reimbursement Campaign Supplies Chk #123	82.03
Robert O'Riley 3045 Grove Street Ventura, CA 93003	CNS	Chk #124	2,000.00

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

SUBTOTAL \$ 2,107.03

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 16,993.31
2. Unitemized payments made this period of under \$100	\$ 110.50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 17,103.81

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2019	
through	10/30/2019	Page 12 of 15
NAME OF FILER		I.D. NUMBER
Carmen Ramirez for Supervisor 2020		1416574

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Carmen Ramirez for Supervisor 2020

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Good Club POB 6645 Oxnard, CA 93031	CTB		Sponsorship Check #125	1,000.00
Ventura County Democratic Central Committee 816 Camarillo Springs Rd Camarillo, CA 93012	CTB		Kennedy Legacy DinnerChk #131	1,300.00
Plaza Mail 2081 N Oxnard Blvd Oxnard, CA 93036	POS		Mail ServicesChk # 128	160.00
Robert O'Riley 3045 Grove Street Ventura, CA 93003	CNS		Sept 2019Chk #127	2,000.00
Ventura County Democratic Central Committee 816 Camarillo Springs Rd Camarillo, CA 93012	CTB		Donation	1,000.00

SUBTOTAL \$ 5,460.00

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

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	07/01/2019	
through	10/30/2019	Page 13 of 15
NAME OF FILER		I.D. NUMBER
Carmen Ramirez for Supervisor 2020		1416574

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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
Robert O'Riley 3045 Grove Street Ventura, CA 93003	CNS	Sept 2019 balanceCheck #130	1,500.00
Roy Prince 631 Ivywood Drive Oxnard, CA 93030	WEB	Reimbursement to Roy Prince forStripe Plugin	660.00
Harriet Eckstein Graphic Design P.O. Box 92052 Santa Barbara, CA 93101-2052	CMP	Graphic Design	65.00
Young Democrats of Ventura County (ID# 746162) PO Box 1587 Camarillo, CA 93011		CTB Contribution to Org Chk #133	100.00
Robert O'Riley 3045 Grove Street Ventura, CA 93003	CNS	Oct 2019 Chk # 134	3,500.00

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

SUBTOTAL \$ 5,825.00

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

SCHEDULE E (CONT.)

Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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Carmen Ramirez for Supervisor 2020		1416574

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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Robert O'Riley 3045 Grove Street Ventura, CA 93003	CMP	Campaign Car Magnet Production (Xpress Printing)	101.28
Robert O'Riley 3045 Grove Street Ventura, CA 93003	CNS	Nov 2019Chk #138	3,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$** 3,601.28

**Additional Comments
For Form 460**

ADDITIONAL COMMENTS	
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FORM	
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I.D. NUMBER	
	1416574

NAME OF FILER
Carmen Ramirez for Supervisor 2020

The Campaign inadvertently accepted \$150 over Ventura County's campaign limit from one individual. A refund of \$150 has been returned to the donor.