

BELL, McANDREWS & HILTACHK, LLP

ATTORNEYS AND COUNSELORS AT LAW

455 CAPITOL MALL, SUITE 600

SACRAMENTO, CALIFORNIA 95814

(916) 442-7757

FAX (916) 442-7759

www.bmhlaw.com

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
16 SEP 19 PM 1:33

September 19, 2016

VIA PERSONAL DELIVERY

Enforcement Division
Fair Political Practices Commission
428 J Street, Suite 620
Sacramento, CA 95814

Re: Sworn Formal Complaint and Demand for Investigation Pursuant to Cal. Gov.
Code, § 83115

Dear Enforcement Chief West:

Enclosed, please find the completed Sworn Complaint Form and supporting documentation regarding a complaint against Ventura County Supervisor Steve Bennett and Save Open Space & Agricultural Resources, Inc.

If you have any questions or should you need any additional information, please feel free to contact me at any time at (916) 442-7757.

Very truly yours,



Sarah Lang

Enclosure

SWORN COMPLAINT FORM
(Form May Be Subject to Public Disclosure)*

AS REQUIRED BY GOVERNMENT CODE SECTION 83115, please complete the form below to file a sworn complaint with the Fair Political Practices Commission.

Mail the complaint to:

**Enforcement Division
Fair Political Practices Commission
428 J Street, Suite 620
Sacramento, CA 95814**

NOTE: *The Fair Political Practices Commission does not enforce or address violations of the Brown Act, the content of campaign communications, residency requirements, the inappropriate use of public funds or resources (including use of uniforms or equipment), placement of campaign signs or materials on public property, or violation of a local campaign rule or campaign ordinance.*

Person Making Complaint

Last Name: Lang

First Name: Sarah

Street Address: 455 Capitol Mall, Suite 600

City: Sacramento State: CA Zip: 95814

Telephone: (916) 442 - 7757

Fax: (916) 442 - 7759

E-mail: SLang@bmhlaw.com

***IMPORTANT NOTICE**

Under the California Public Records Act (Gov. Code Section 6250 and following), this sworn complaint and your identity as the complainant may be subject to public disclosure. Unless the Chief of Enforcement deems otherwise, within three business days of receiving your sworn complaint we will send a copy of it to the person(s) you allege violated the law.

In some circumstances, the FPPC may claim your identity is confidential, and therefore not subject to disclosure. A court of law could ultimately make the determination of confidentiality. If you wish the FPPC to consider your identity confidential, do not file the complaint before you contact the FPPC to discuss the complaint at (916) 322-5660 or toll free at (866) 275-3772.

Person(s) Who Allegedly Violated the Political Reform Act: (If there are multiple parties involved, attach additional pages as necessary.)

Last Name: Bennett

First Name: Steve

Committee Name: Save Open Space & Agricultural Resources, Inc.
(only if applicable)

Street Address:
1851 Terrace Drive

City: Ventura State: CA Zip: 93001

Telephone: (805) 421 - 9230

Fax: () -

E-mail: info@soarvc.org

Describe, With as Much Particularity as Possible, the Facts Constituting the Alleged Violation(s) and How You Have Personal Knowledge that it Occurred.*

Steve Bennett serves on the Ventura County Board of Supervisors and appeared on the June 2016 ballot. Supervisor Bennett is a principal officer of the above-named committee, which makes it a controlled committee. As Bennett was on the primary ballot, the committee failed to file 24-hour reports during the 90-day Primary Election cycle, and also failed to file two preelection reports.

The name of committee does not include the controlling candidate's last name.

The name of the committee listed on the last Form 460 does not match the name on the most recent Form 410. The committee is listed as general purpose, and failed to file the Form 462 triggered by independent expenditures made on several city ballot measures in Ventura County and one Ventura County measure.

The Form 460 does not list any expenditures on Schedule D even though the committee has made expenditures supporting at least five different local initiatives. Various large expenditures (e.g., legal notices, video production, printing) are not attributed to their corresponding measure(s).

Forms supporting these violations are attached.

***IMPORTANT! Attach copies of any available documentation that is evidence of the violation, (for example, copies of checks, campaign materials, minutes of meetings, etc., if applicable to the complaint.) Note that a newspaper article is NOT considered evidence of a violation.**

Provision(s)/Section(s) of the Political Reform Act Allegedly Violated and When the Violation(s) Occurred: (If specific sections are not known, please provide a brief summary)

84103, 84200.5(a), 84200.8, 84213, 84504, 85204, 85500, 18402, 18405, 18410, 18421.8

Preelection statements were due April 28, 2016 and May 26, 2016

24 hour contribution statements were due between March 9, 2016 and June 7, 2016

###

Name and Addresses of Potential Witnesses, Other than Yourself, if Known:

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____

Fax: (____) ____ - _____

E-mail: _____

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____

Fax: (____) ____ - _____

E-mail: _____

###

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____

Fax: (____) ____ - _____

E-mail: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Sarah Lang 19 September 2016
(Signature) (Date)

Sarah Lang
(Please Print Your Name)

Clear Page

Print Page

ATTACHMENT TO SWORN COMPLAINT FORM

Ventura County Supervisor Steve Bennett and Save Open Space & Agricultural Resources, Inc.

<u>Exhibit</u>	<u>Description</u>
1	Form 410 Filings, Save Open Space & Agricultural Resources, Inc.
2	Form 460 Filings, Save Open Space & Agricultural Resources, Inc.
3	Form 462 Confirmation from Deborah Hanephin, FPPC Political Reform Consultant II
4	Screenshot of County of Ventura website, Supervisor Steve Bennett

ATTACHMENT TO SWORN COMPLAINT FORM

Ventura County Supervisor Steve Bennett and Save Open Space & Agricultural Resources, Inc.

Exhibit 1

Form 410 Filings, Save Open Space & Agricultural Resources, Inc.

Statement of Organization Recipient Committee

(Government Code Sections B4101-B4103)

WHERE TO FILE:

File original and one copy of this form with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

And, if applicable, file one copy of this form with:
The city or county officer, if any, who receives the
committee's original campaign disclosure
statements.

STATEMENT OF ORGANIZATION

FILE	Date Stamp FEB 04 1997	CALIFORNIA STATE FORM 410 For Official Use Only
By <u>Richard D. Dean, County Clerk</u> <u>Monica Alexander</u>		

Type or print in ink

SEE INSTRUCTIONS ON REVERSE

Amendment

☐ Check box if an Amendment
and enter I.D. number:

#

I Committee Information

Date Qualified as
Committee (Month, Day, Year) ☒ Check box if not yet qualified

NAME OF COMMITTEE

Save Open and Agricultural Resources

ADDRESS OF COMMITTEE (NOT P.O. BOX) NO. AND STREET

1851 Terrace Drive

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

Ventura CA 93001 805/653-0831

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Ventura

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

P.O. Box 7352

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER
Ventura CA 93006-7352 805/653-0831

II Treasurer and Other Principal Officers

NAME OF TREASURER
Charles Thomas

MAILING ADDRESS
P.O. Box 7352

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Ventura CA 93006-7352 805/642-2891

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Disposition of Surplus Funds You must specify what disposition will be made of leftover campaign funds, if any, at termination.

Donate to other organizations engaged in similar activities and/or
donate to charity.

IV Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 <u>Feb 2, 1997</u> DATE	At <u>Ventura, CA</u> CITY AND STATE	By <u>Charles Thomas</u> SIGNATURE OF TREASURER
Executed on <u>2-1-97</u> DATE	At <u>Thousand Oaks, CA</u> CITY AND STATE	By <u>Linda Parker</u> SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on <u>2-1-97</u> DATE	At <u>Ventura, CA</u> CITY AND STATE	By <u>John P. Dean</u> SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on _____ DATE	At _____ CITY AND STATE	By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE THE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

**Statement of Organization
Recipient Committee**

STATEMENT OF ORGANIZATION

CALIFORNIA 410
1992 FORM

Type or print in ink

Page 2

NAME OF COMMITTEE
Save Open and Agricultural Resources

I.D. NUMBER (IF AMENDMENT)

V Type of Committee Completing This Statement:

COMPLETE THE APPLICABLE SECTION(S). MORE THAN ONE CATEGORY MAY BE APPLICABLE TO YOUR COMMITTEE
SEE REVERSE FOR IMPORTANT INFORMATION AND DEFINITIONS OF THE COMMITTEES LISTED BELOW.

Controlled Committee

- If this committee is controlled by one or more officeholder(s) or candidate(s), list the name of each controlling officeholder or candidate. Also list the elective office sought or held, and district number, if any, for each individual.
- If this committee is controlled by one or more officeholder(s) or candidate(s) for partisan office, list the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan."
- If this committee is controlled by a state measure proponent, list the name of the state measure proponent. If this committee is controlled by more than one state measure proponent, list the name of each state measure proponent.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT/COMMITTEE	PARTY	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)
Stephen Bennett	na	San Buenaventura City Council
Linda Parks	na	Thousand Oaks City Council

Primarily Formed Committee

If primarily formed to support or oppose specific candidates or measures, list the candidates or measures below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Not yet available. Will attempt to qualify a ballot measure to protect agricultural lands and green belt lands in Ventura County	Ventura County, CA	SUPPORT X	OPPOSE
		SUPPORT	OPPOSE

General Purpose Committee

If not formed to support or oppose specific candidates or measures, check ONE box to indicate if this is a: ☐ CITY Committee or ☐ COUNTY Committee or ☐ STATE Committee
PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

Provide the name and address of the sponsor. If the committee has more than one sponsor, provide names and addresses on appropriately labeled attachment.

NAME OF SPONSOR:	INDUSTRY GROUP OR AFFILIATION OF SPONSOR:		
ADDRESS OF SPONSOR: NO. AND STREET	CITY	STATE	ZIP CODE

Broad Based Committee

If this is a broad based committee and wishes to make contributions to candidates in excess of the \$2,500 contribution limit in connection with a special election, check the box below and enter the date on or before which the committee qualified as a broad based committee. (If the committee is not a broad based committee, or does not wish to make contributions in excess of the \$2,500 limit, do not complete this section.)

- ☐ Check box if this is a broad based committee. Enter the date on or before which the committee qualified as a broad based committee: _____ (Month, Day, Year)
- ☐ Check box if this committee no longer qualifies as a broad based committee

Statement of Organization
Recipient Committee

Amendment

☒ Check box if an Amendment
and enter I.D. number:

970224

INSTRUCTIONS ON REVERSE

File original and one copy with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

County and City Committees file a copy with:
Local filing officer who will receive the original
disclosure statements.

Type or print in ink

STATEMENT OF ORGANIZATION

Date Stamp	RECEIVED AND POLITICAL REFORM OFFICE OF SECRETARY OF STATE	CALIFORNIA 1998 FORM 410 For Official Use Only
98 OCT -5 AM 11:29		RSN 405
BILL JONES CA SECRETARY OF STATE		

1. Committee Information

Date qualified as committee 2 / 2 / 97 ☐ Not yet qualified

NAME OF COMMITTEE

S.O.A.R., Inc.

(also see Attachment A)

ADDRESS OF COMMITTEE NO. AND STREET (NO P.O. BOX)

1851 Terrace Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE NUMBER
Ventura	CA	93001	805/653-0831

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

Ventura

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

P.O. Box 7352

CITY	STATE	ZIP CODE	AREA CODE/PHONE NUMBER
Ventura	CA	93006	805/653-0831

OPTIONAL: AREA CODE/FAX NUMBER

OPTIONAL: E-MAIL ADDRESS

catalytic@aol.com

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Charles Thomas

MAILING ADDRESS

P.O. Box 7352

CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE
Ventura	CA	93006	805/642-2891

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

see Attachment A

MAILING ADDRESS

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

OPTIONAL: AREA CODE/FAX NUMBER

OPTIONAL: E-MAIL ADDRESS

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 Sept 20, 1998 DATE

Executed on 10/2/98 DATE

Executed on 10-1-98 DATE

Executed on 10-1-98 DATE

By Charles Thomas SIGNATURE OF TREASURER

By Donna SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By Linda SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By S.P. SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION
CALIFORNIA 1998 FORM 410

Page 2

NAME OF COMMITTEE

S.O.A.R., Inc. (also see Attachment A)

I.D. NUMBER (IF AMENDMENT)

970224

4. Type of Committee: Complete the applicable sections.

Controlled Committee:

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any.
- List the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.
- List the disposition of surplus funds.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT:

Linda Parks

ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)

Thousand Oaks City Council

PARTY

na

Brian Brennan

Ventura City Council

na

DISPOSITION OF SURPLUS FUNDS:

Donate to similar organizations engaged in similar activities and/or charity

Primarily Formed Committee:

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

see Attachment A

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

Ventura County-see Attachment A

CHECK ONE

SUPPORT

X

OPPOSE

SUPPORT

OPPOSE

General Purpose Committee:

Not formed to support or oppose specific candidates or measures in a single election. Check only one box: ☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee
PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee:

Provide additional sponsors on an attachment.

NAME OF SPONSOR:

INDUSTRY GROUP OR AFFILIATION OF SPONSOR:

MAILING ADDRESS: NO. AND STREET

CITY

STATE

ZIP CODE

Statement of Organization
Recipient Committee

Amendment

☒ Check box if an Amendment
and enter I.D. number:

970224

INSTRUCTIONS ON REVERSE

970224
File original and one copy with:
Secretary of State
Political Reform Division
P.O. Box 1467
Sacramento, CA 95812-1467

County and City Committees file a copy with:
Local filing officer who will receive the original
disclosure statements.

Type or print in ink

STATEMENT OF ORGANIZATION

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

CALIFORNIA
1998 FORM 410

For Official Use Only

DEC 24 1998

BILL JONES, Secretary of State

405

2/18

1. Committee Information

Date qualified as committee 2/2/97 ☐ Not yet qualified

NAME OF COMMITTEE

Save Open-space and Agricultural Resources
(Also see Attachment A)

ADDRESS OF COMMITTEE NO. AND STREET (NO P.O. BOX)

1851 Terrace Drive

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER
Ventura CA 93001 805/653-0831

COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN
COUNTY OF DOMICILE

Ventura

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

CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

OPTIONAL: AREA CODE/FAX NUMBER

OPTIONAL: E-MAIL ADDRESS

catalytic@aol.com

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Charles Thomas

MAILING ADDRESS

P.O. Box 7352

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
Ventura CA 93006 805/645-1427

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

see Attachment A

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

OPTIONAL: AREA CODE/FAX NUMBER

OPTIONAL: E-MAIL ADDRESS

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 12/8/98 DATE

By Charles Thomas SIGNATURE OF TREASURER

Executed on 12/11/98 DATE

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on 2/15/98 DATE

By Linda Puder SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _____ DATE

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

FPPC Form 410 (2/98)

For Technical Assistance: 916/322-5665

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA 1998 FORM 410

Page 2

NAME OF COMMITTEE

Save Open-space and Agricultural Resources (also see Attachment A)

I.D. NUMBER (IF AMENDMENT)

970224

4. Type of Committee: Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any.
- List the political party with which each officeholder or candidate is affiliated. An officeholder or candidate not holding or seeking a partisan office must indicate "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.
- List the disposition of surplus funds.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)

PARTY

Linda Parks

Thousand Oaks City Council (Mayor)

na

Brian Brennan

Ventura City Council

na

DISPOSITION OF SURPLUS FUNDS:

Donate to similar organization engaged in similar activities and/or charity

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE'S NAME OR MEASURE'S FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE'S OFFICE SOUGHT OR HELD OR MEASURE'S JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

see Attachment A

Moorpark

SUPPORT
X

OPPOSE

SUPPORT

OPPOSE

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box: ☐ CITY Committee ☐ COUNTY Committee ☐ STATE Committee
PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

Provide additional sponsors on an attachment.

NAME OF SPONSOR:

INDUSTRY GROUP OR AFFILIATION OF SPONSOR:

MAILING ADDRESS:

NO. AND STREET

CITY

STATE

ZIP CODE

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

970224

☐ Termination - See Part 5

List I.D. number:

#

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

STATEMENT OF ORGANIZATION

Date Stamp

FILED

SEP 27 2000

RICHARD D. DEAN, County Clerk

Deputy County Clerk

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Save Open Space & Agricultural Resources, Inc. - A
Committee in Support of Santa Paula Measure I and Fillmore
Measure J

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 9/22/00
DATE

Executed on 9-22-00
DATE

Executed on
DATE

Executed on
DATE

By C. Thomas
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By J. P. Ochoa
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME Save Open Space & Agricultural Resources, Inc. - A Committee in Support of Santa Paula Measure I
and Fillmore Measure J

I.D. NUMBER
970224

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Laura Espinosa (addition)	City Council - City of Santa Paula	1998	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution and the disposition of surplus funds (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	DATE OPENED
ADDRESS CITY	STATE ZIP CODE	DISPOSITION OF SURPLUS FUNDS	

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

970224

☐ Termination - See Part 5

List I.D. number:

#

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

Date Stamp FILED SEP 12 2000 By <u>Richard D. Dean, County Clerk</u> Deputy County Clerk	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE

Save Open Space & Agricultural Resources, Inc. - A
Committee in Support of Santa Paula Measure I and Fillmore
Measure J

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 9/6/00 DATE

Executed on 9-6-00 DATE

Executed on _____ DATE

Executed on _____ DATE

By C. Thomas SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By S. Banta SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Statement of Organization
Recipient Committee

R
L56

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

970224

☐ Termination - See Part 5

List I.D. number:

#

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

Date Stamp	CALIFORNIA FORM 410 For Official Use Only
RECEIVED AND FILED POLITICAL REFORM DIVISION OFFICE OF SECRETARY OF STATE	
SEP 14 2000	
BILL JONES CA SECRETARY OF STATE	

1. Committee Information

NAME OF COMMITTEE

Save Open Space & Agricultural Resources, Inc. - A
Committee in Support of Santa Paula Measure I and Fillmore
Measure J

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 9/6/00 DATE

By C. Thomas
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9-6-00 DATE

By S. Bonta
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on DATE

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on DATE

By
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

Date qualified as committee

☒ Amendment

List I.D. number:

970224

Date qualified as committee
(if applicable)

☐ Termination - See Part 5

List I.D. number:

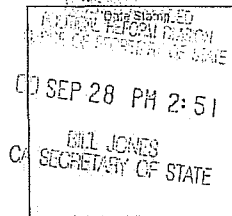
#

Date of Termination

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

For Official Use Only



1. Committee Information

NAME OF COMMITTEE

Save Open Space & Agricultural Resources, Inc. - A
Committee in Support of Santa Paula Measure I and Fillmore
Measure J

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 9/22/00 DATE

Executed on 9-22-00 DATE

Executed on DATE

Executed on DATE

By C. Thomas SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By J. P. Jones SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME Save Open Space & Agricultural Resources, Inc. - A Committee in Support of Santa Paula Measure I
and Fillmore Measure J

I.D. NUMBER

970224

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Laura Espinosa (addition)	City Council - City of Santa Paula	1998	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution and the disposition of surplus funds (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	DATE OPENED
ADDRESS	CITY	STATE	ZIP CODE
DISPOSITION OF SURPLUS FUNDS			

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

Date qualified as committee

☒ Amendment

List I.D. number:

970224

Date qualified as committee
(If applicable)

☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

STATEMENT OF ORGANIZATION

Date Stamp

FILED

JUL 31 2002

RICHARD D. DEAN, County Clerk

Monica Terrone

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Save Open Space and Agricultural Resources, Inc. - A Committee in
Support of City of Simi Valley Measure B and in Opposition to City of
Ventura Measure A and City of Santa Paula Measure F

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 7/27/02 DATE

Executed on 7-27-02 DATE

Executed on DATE

Executed on DATE

By Charles D. Dean SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent

By Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent

By Signature of Controlling Officer/Holder, Candidate, or State Measure Proponent

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME Save Open Space & Agricultural Resources, Inc. - A Committee in Support of City of Simi Valley Measure B and
in Opposition to City of Ventura Measure A and City of Santa Paula Measure F

I.D. NUMBER
970224

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
City of Simi Valley Measure B		SUPPORT ✓	OPPOSE
City of Ventura Measure A City of Santa Paula Measure F		SUPPORT	OPPOSE ✓

Statement of Organization
Recipient Committee

50

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

970224

☐ Termination - See Part 5

List I.D. number:

#

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

RECEIVED AND FILED
POLITICAL REFORM DIVISION
OFFICE OF SECRETARY OF STATE

AUG 01 2002

BILL JONES
CA SECRETARY OF STATE

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410
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FILED
AUG 21 2002
RICHARD G. DEATY
Deputy Secretary of State

1. Committee Information

NAME OF COMMITTEE

Save Open Space and Agricultural Resources, Inc. - A Committee in
Support of City of Simi Valley Measure B and in Opposition to City of
Ventura Measure A and City of Santa Paula Measure F

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 7/27/02 DATE

Executed on 7-27-02 DATE

Executed on DATE

Executed on DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME Save Open Space & Agricultural Resources, Inc. - A Committee in Support of City of Simi Valley Measure B and
in Opposition to City of Ventura Measure A and City of Santa Paula Measure F

I.D. NUMBER
970224

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
City of Simi Valley Measure B		SUPPORT ✓	OPPOSE
City of Ventura Measure A		SUPPORT	OPPOSE ✓
City of Santa Paula Measure F			

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

970224

☐ Termination - See Part 5

List I.D. number:

#

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

Date Stamp FILED OCT 07 2002 By <i>Monica Jensen</i> RICHARD G. DEAN, County Clerk Deputy County Clerk	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE

Save Open-Space and Agricultural Resources, Inc.

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

cthomasinventura@yahoo.com

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 10/6/02 DATE

Executed on 10-6-02 DATE

Executed on DATE

Executed on DATE

By *Charles Thomas* SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By *Thomas* SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

Page 2

I.D. NUMBER

970224

COMMITTEE NAME

Save Open Space and Agricultural Resources, Inc.

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee:

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Steve	Ventura County Board of Supervisors, 1st. Dist.	2000	<input checked="" type="checkbox"/> Non-Partisan
Linda Parks	Thousand Oaks City Council	2000	<input checked="" type="checkbox"/> Non-Partisan
Brian Brennan	Ventura City Council	2001	<input checked="" type="checkbox"/> Non-Partisan
Paul Harding	Fillmore City Council	2002	<input checked="" type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA FORM 410

Page 3

I.D. NUMBER

970224

COMMITTEE NAME
Save Open-Space and Agricultural Resources, Inc.

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☐ CITY Committee ☒ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Support or oppose local land use ballot measures.

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

☐

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

970224

☐ Termination - See Part 5

List I.D. number:

#

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

RECEIVED AND FILED
POLITICAL REFORM DIVISION
OFFICE OF SECRETARY OF STATE

OCT 10 2002

BILL JONES
CA SECRETARY OF STATE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

For Official Use Only

Committee Information

NAME OF COMMITTEE

Save Open-Space and Agricultural Resources, Inc.

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

clthomasinventura@yahoo.com

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 10/6/02 DATE

Executed on 10-6-02 DATE

Executed on DATE

Executed on DATE

By Charles Thomas SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

Page 2

I.D. NUMBER

970224

COMMITTEE NAME

Save Open Space and Agricultural Resources, Inc.

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Steve	Ventura County Board of Supervisors, 1st. Dist.	2000	<input checked="" type="checkbox"/> Non-Partisan
Linda Parks	Thousand Oaks City Council	2000	<input checked="" type="checkbox"/> Non-Partisan
Brian Brennan	Ventura City Council	2001	<input checked="" type="checkbox"/> Non-Partisan
Paul Harding	Fillmore City Council	2002	<input checked="" type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

Page 3

I.D. NUMBER

970224

COMMITTEE NAME

Save Open-Space and Agricultural Resources, Inc.

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☒ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Support or oppose local land use ballot measures.

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

☐

Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

970224

☐ Termination - See Part 5

List I.D. number:

#

Date qualified as committee

Date qualified as committee
(if applicable)

Date of Termination

Date Stamp FILED JAN 31 2003 PHILIP J. SCHMIT, County Clerk Manica Terrones Deputy County Clerk	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE

Save Open-Space and Agricultural Resources, Inc.

STREET ADDRESS (NO PO. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

cthomasinventura@yahoo.com

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 1/23/03 DATE

Executed on 1/26/03 DATE

Executed on 1-22-03 DATE

Executed on DATE

By Charles Thompson SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Don Brown SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

By John C. Brown SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

By Linda Parker SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROponent

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME

Save Open Space and Agricultural Resources, Inc.

I.D. NUMBER

970224

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Steve Bennett	Ventura County Board of Supervisors, 1st. Dist.	2000	<input checked="" type="checkbox"/> Non-Partisan
Linda Parks	Ventura County Board of Supervisors, 2nd. Dist.	2002	<input checked="" type="checkbox"/> Non-Partisan
Brian Brennan	Ventura City Council	2001	<input checked="" type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

56

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

970224

Date qualified as committee

Date qualified as committee
(if applicable)

☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

STATEMENT OF ORGANIZATION

Date Stamp RECEIVED FOUNDED RECEPTION OFFICE OF SECRETARY OF STATE 03 FEB -3 AM 11:31 KEVIN CHELLEY CA SECRETARY OF STATE	CALIFORNIA FORM 410 For Official Use Only
---	---

1. Committee Information

NAME OF COMMITTEE

Save Open-Space and Agricultural Resources, Inc.

STREET ADDRESS (NO PO. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

clhomasinventura@yahoo.com

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 1/23/03 DATE

Executed on 1/26/03 DATE

Executed on 1-27-03 DATE

Executed on 1/28/03 DATE

By *Charles Thompson* SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By *Don Brown* SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By *John Brown* SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By *Linda Carter* SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

Page 2

I.D. NUMBER

970224

COMMITTEE NAME

Save Open Space and Agricultural Resources, Inc.

4. Type of Committee Complete the applicable sections.

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Brian Brennan	Ventura City Council	2001	<input checked="" type="checkbox"/> Non-Partisan

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NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

970224

☐ Termination - See Part 5

List I.D. number:

#

3 / 15 / 1997
Date qualified as committee

3 / 15 / 1997
Date qualified as committee
(if applicable)

Date of Termination

RECEIVED AND FILED in the office of the Secretary of State of the State of California		STATEMENT OF ORGANIZATION
FEB 27 2006		CALIFORNIA FORM 410
BRUCE McPHERSON Secretary of State		For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Save Open Space & Agricultural Resources - Committee Against Measure Y
(Santa Paula)

STREET ADDRESS (NO P.O. BOX)

1851 Terrace Drive, Ventura, CA 93001

CITY STATE ZIP CODE AREA CODE/PHONE

Ventura, CA 93003 805/653-0831

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 7352, Ventura, CA 93006

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Charles Thomas

STREET ADDRESS

P.O. Box 7352

CITY STATE ZIP CODE AREA CODE/PHONE

Ventura, CA 93006

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 2/17/06

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 2/19/06

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 2/18/06

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 2/20/06

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME

Save Open Space & Agricultural Resources - Committee Against Measure Y

I.D. NUMBER

970224

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Stephen Bennett	Ventura County Supervisor - 1st District	2004	<input checked="" type="checkbox"/> Non-Partisan
Linda Parks	Ventura County Supervisor - 2nd District	2002	<input checked="" type="checkbox"/> Non-Partisan
Brian Brennan	Ventura City Council	2005	Both

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Citibank		
ADDRESS	CITY	STATE ZIP CODE

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Measure Y		SUPPORT	OPPOSE <input checked="" type="checkbox"/>
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

Type or print in Ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

970224

3 / 15 / 1997

Date qualified as committee

Date qualified as committee
(if applicable)

☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

STATEMENT OF ORGANIZATION

Date Stamp

FILED

FEB 23 2006

PHILIP J. SCHMIT, County Clerk

Monica Tenorio

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Save Open Space & Agricultural Resources - Committee Against Measure Y
(Santa Paula)

STREET ADDRESS (NO P.O. BOX)

1851 Terrace Drive, Ventura, CA 93001

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Ventura, CA 93003

805/653-0831

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 7352, Ventura, CA 93006

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Charles Thomas

STREET ADDRESS

P.O. Box 7352

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Ventura, CA 93006

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 2/19/06

Executed on 2/19/06

Executed on 2/19/06

Executed on 2/20/06

By *[Signature]*

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By *[Signature]*

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By *[Signature]*

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By *[Signature]*

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION	
CALIFORNIA FORM	410
Page 2	
I.D. NUMBER	970224

COMMITTEE NAME

Save Open Space & Agricultural Resources - Committee Against Measure Y

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
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Linda Parks	Ventura County Supervisor - 2nd District	2002	<input checked="" type="checkbox"/> Non-Partisan
Brian Brennan	Ventura City Council	2005	Both

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Citibank		
ADDRESS	CITY	STATE ZIP CODE

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Measure Y		SUPPORT	OPPOSE
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

970224

3 / 15 / 97

Date qualified as committee
(if applicable)

☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

RECEIVED AND FILED
in the Office of the Secretary of State
of the State of California

APR 09 2007

DEBRA BOWEN
Secretary of State

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE:

Save Open Space & Agricultural Resources - Committee Against Santa
Paula Measure A7

STREET ADDRESS (NO P.O. BOX)

1851 Terrace Drive

CITY STATE ZIP CODE AREA CODE/PHONE

Ventura CA 93001 805/653-0831

MAILING ADDRESS (IF DIFFERENT)

P. O. Box 7352, Ventura, CA 93006

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Charles Thomas

STREET ADDRESS

P. O. Box 7352

CITY STATE ZIP CODE AREA CODE/PHONE

Ventura CA 93006 805/645-1427

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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

4/24/07
DATE

By

Charles Thomas
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM **410**

Page 2

COMMITTEE NAME

Save Open Space & Agricultural Resources - Committee Against City of Santa Paula Measure A7

I.D. NUMBER

970224

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Not Applicable			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Not Applicable		
ADDRESS	CITY	STATE ZIP CODE

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Measure A7	City of Santa Paula, CA	SUPPORT	OPPOSE <input checked="" type="checkbox"/>
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

970224

☐ Termination - See Part 5

List I.D. number:

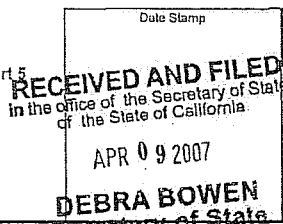
#

Date qualified as committee

3 / 15 / 97

Date qualified as committee
(If applicable)

Date of Termination



STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Save Open Space & Agricultural Resources - Committee Against Santa
Paula Measure A7

STREET ADDRESS (NO P.O. BOX)

1851 Terrace Drive

CITY STATE ZIP CODE AREA CODE/PHONE

Ventura CA 93001 805/653-0831

MAILING ADDRESS (IF DIFFERENT)

P. O. Box 7352, Ventura, CA 93006

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Charles Thomas

STREET ADDRESS

P. O. Box 7352

CITY STATE ZIP CODE AREA CODE/PHONE

Ventura CA 93006 805/645-1427

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 4/2/07 DATE

By *Charles Thomas* SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on DATE

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on DATE

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on DATE

By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

Page 2

COMMITTEE NAME

Save Open Space & Agricultural Resources - Committee Against City of Santa Paula Measure A7

I.D. NUMBER

970224

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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Not Applicable			<input type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

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NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Not Applicable		
ADDRESS	CITY	STATE ZIP CODE

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Measure A7	City of Santa Paula, CA	SUPPORT	OPPOSE
		SUPPORT	OPPOSE

Statement of Organization
Recipient Committee

Type or print in Ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

970224

3 / 15 / 1997

Date qualified as committee

Date qualified as committee
(if applicable)

☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

RECEIVED AND FILED
in the office of the Secretary of the State of California

Date Stamp

AUG 08 1997

DEBRA BOWEN
Secretary of State

CALIFORNIA
FORM

410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Save Open Space and Agricultural Resources, Inc.

STREET ADDRESS (NO P.O. BOX)

916 Matilija Street

CITY STATE ZIP CODE AREA CODE/PHONE

Ojai CA 93023 805-642-2891

MAILING ADDRESS (IF DIFFERENT)

P. O. Box 7352, Ventura, CA 93006

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Charles Thomas

STREET ADDRESS

P.O. Box 7352

CITY STATE ZIP CODE AREA CODE/PHONE

Ventura CA 93006 805-645-1427

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 7/29/07 DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on DATE

By SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on DATE

By SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on DATE

By SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

Page 3

I.D. NUMBER

970224

COMMITTEE NAME

Save Open Space & Agricultural Resources

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☒ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Preservation of open space and agricultural lands in Ventura County, CA

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee



Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

970224

3 15 1997

Date qualified as committee

Date qualified as committee
(if applicable)

☐ Termination - See Part 5

List I.D. number:

#

Date of Termination

STATEMENT OF ORGANIZATION

Date Stamp FILED AUG 2 2007 Philip J. Solmit, County Clerk By <i>Vanessa Terrones</i> Clerk	CALIFORNIA FORM 410 For Official Use Only
---	---

1. Committee Information

NAME OF COMMITTEE

Save Open Space and Agricultural Resources, Inc.

STREET ADDRESS (NO P.O. BOX)

916 Matilija Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ojai	CA	93023	805-642-2891

MAILING ADDRESS (IF DIFFERENT)

P. O. Box 7352, Ventura, CA 93006

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE

Ventura

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Charles Thomas

STREET ADDRESS

P.O. Box 7352

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ventura	CA	93006	805-645-1427

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

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

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

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

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 7/29/07
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By *Thomas*
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

Page 3

I.D. NUMBER

970224

COMMITTEE NAME
Save Open Space & Agricultural Resources

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☐ CITY Committee ☒ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Preservation of open space and agricultural lands in Ventura County, CA

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee



Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

Statement of Organization
Recipient Committee

Statement Type ☐ Initial ☒ Amendment ☐ Termination - See Part 5
Not yet qualified ☐ or
Date qualified as committee 03/15/1997
List I.D. number: # 970224
Date qualified as committee (if applicable)
Date of Termination

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
DEC 14 2015
CALIFORNIA FORM 410
For Official Use Only

1. Committee Information

NAME OF COMMITTEE
Save Open Space & Agricultural Resources
STREET ADDRESS (NO P.O. BOX)
1851 Terrace Drive
CITY STATE ZIP CODE AREA CODE/PHONE
Ventura CA 93001 (805)421-9230
MAILING ADDRESS (IF DIFFERENT)
FAX / E-MAIL ADDRESS
info@soarvc.org
COUNTY OF ORIGIN
Ventura
JURISDICTION WHERE COMMITTEE IS ACTIVE
various in Ventura County

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Charles Thomas
STREET ADDRESS (NO P.O. BOX)
1851 Terrace Drive
CITY STATE ZIP CODE AREA CODE/PHONE
Ventura CA 93001 (805)850-5663
NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
NAME OF PRINCIPAL OFFICER(S)
Steve Bennett
STREET ADDRESS (NO P.O. BOX)
1851 Terrace Drive
CITY STATE ZIP CODE AREA CODE/PHONE
Ventura CA 93001 (805)850-5663

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 12/8/15 By C. Thomas
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on By
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
Executed on By
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
Executed on By
DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE



Page 2

COMMITTEE NAME

Save Open Space & Agricultural Resources

I.D. NUMBER

970224

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

Citibank

AREA CODE/PREFIX

(805)290-4337

BANK ACCOUNT NUMBER

202368395

ADDRESS

1011 S Victoria Avenue

CITY

Ventura

STATE

CA

ZIP CODE

93003

4. Type of Committee Complete the applicable sections:

~~Controlled Committee~~

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

ELECTIVE OFFICE SOUGHT OR HELD
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION

PARTY

☐ Nonpartisan

☐ Nonpartisan

~~Primarily Formed Committee~~

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

YES/NO

SUPPORT

OPPOSE

SUPPORT

OPPOSE

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 3
I.B. NUMBER 970224

COMMITTEE NAME
Save Open Space & Agricultural Resources

4. Type of Committee (Continued)

☒ General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☐ CITY Committee ☒ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To support passage of open space and agricultural land preservation ballot measures in several jurisdictions in Ventura County, California at the 2016 general election.

☒ Sponsoring Committee List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

☐ ☒ ☐ ☐
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

Statement of Organization
Recipient Committee

Statement Type ☐ Initial ☒ Amendment ☐ Termination - See Part 5
Not yet qualified ☐ or
List I.D. number: # 970224
Date qualified as committee 03 / 15 / 1997
Date of Termination

Date Stamp FILED Ventura County Elections Division DEC 9 2015 MARK A. LUNN County Clerk and Recorder By _____, Deputy	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE
Save Open Space & Agricultural Resources
STREET ADDRESS (NO P.O. BOX)
1851 Terrace Drive
CITY STATE ZIP CODE AREA CODE/PHONE
Ventura CA 93001 (805)421-9230
MAILING ADDRESS (IF DIFFERENT)
FAX / E-MAIL ADDRESS
info@soarvc.org
COUNTY OF DOMICILE
Ventura
JURISDICTION WHERE COMMITTEE IS ACTIVE
various in Ventura County

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Charles Thomas
STREET ADDRESS (NO P.O. BOX)
1851 Terrace Drive
CITY STATE ZIP CODE AREA CODE/PHONE
Ventura CA 93001 (805)850-5663
NAME OF ASSISTANT TREASURER, IF ANY
STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
NAME OF PRINCIPAL OFFICER(S)
Steve Bennett
STREET ADDRESS (NO P.O. BOX)
1851 Terrace Drive
CITY STATE ZIP CODE AREA CODE/PHONE
Ventura CA 93001 (805)850-5663

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 12/8/15 By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER
Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 2
I.D. NUMBER 970224

COMMITTEE NAME
Save Open Space & Agricultural Resources

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Citibank	AREA CODE/PHONE (805)290-4337	BANK ACCOUNT NUMBER 202368395
ADDRESS 1011 S Victoria Avenue	CITY Ventura	STATE CA
		ZIP CODE 93003

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 410
Page 3
ID NUMBER 970224

COMMITTEE NAME
Save Open Space & Agricultural Resources

4: Type of Committee (Continued)

☒ **General Purpose Committee** Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
☐ CITY Committee ☒ COUNTY Committee ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

To support passage of open space and agricultural land preservation ballot measures in several jurisdictions in Ventura County, California at the 2016 general election.

☒ **Sponsored Committee** List additional sponsors on an attachment.

NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION OF SPONSOR
STREET ADDRESS	NO. AND STREET
CITY	STATE
ZIP CODE	

☐ **Small Contributor Committee** ☐ _____
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

ATTACHMENT TO SWORN COMPLAINT FORM

Ventura County Supervisor Steve Bennett and Save Open Space & Agricultural Resources, Inc.

Exhibit 2

Form 460 Filings, Save Open Space & Agricultural Resources, Inc.

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

Date Stamp FILED Ventura County Elections Division FEB - 1 2016 MARK A. LUNN County Clerk and Recorder Deputy	CALIFORNIA FORM 460 Page <u>1</u> of <u>75</u> For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/2015
through 12/31/2015

Date of election if applicable:
(Month, Day, Year)
not applicable

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

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

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
970224

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

Save Open Space & Agricultural Resources, Inc.

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Ventura</u>	<u>CA</u>	<u>93001</u>	<u>(805)421-9230</u>

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

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Ventura</u>	<u>CA</u>	<u>93006</u>	

OPTIONAL: FAX / E-MAIL ADDRESS

info@soarvc.org

Treasurer(s)

NAME OF TREASURER

Charles Thomas

MAILING ADDRESS

[REDACTED]

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Ventura</u>	<u>CA</u>	<u>93006</u>	

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 1/25/16
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By [REDACTED]
Signature of Treasurer or Assistant Treasurer

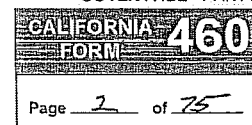
By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

COVER PAGE - PART 2



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
not applicable
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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 not applicable		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <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 not applicable	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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

Statement covers period

from 7/1/2015

through 12/31/2015

CALIFORNIA
FORM 460

Page 3 of 75

I.D. NUMBER

970224

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3	\$ 159,492	\$ 216,816
2. Loans Received.....	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	0	0
4. Nonmonetary Contributions.....	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ 159,492	\$ 216,816

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

6. Payments Made.....	Schedule E, Line 4	\$ 57,038	\$ 72,499
7. Loans Made.....	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ 57,038	\$ 72,499
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment.....	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ 57,038	\$ 72,499

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	\$ 321,838
13. Cash Receipts.....	Column A, Line 3 above	159,492
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	809
15. Cash Payments.....	Column A, Line 8 above	57,038
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 425,101

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ 0
-----------------------------------	--------------------	------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ 0
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ 0

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 7/1/2025
through 12/31/2015

CALIFORNIA 460
FORM
Page 4 of 25
I.D. NUMBER
970224

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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)
11/7/2015	A Diamond Association Management [REDACTED] Thousand Oaks, CA 91360	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$100	
12/13/2015	Denise Abdun-Nur [REDACTED] 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	\$100	\$100	
12/14/2015	Sharon Adams [REDACTED] 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	\$100	\$100	
11/21/2015	Jane Advani [REDACTED] Ventura, CA 93004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher, Ventura Unified School District	\$50	\$100	
12/15/2015	Ronald Allen [REDACTED] 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	\$100	\$100	
SUBTOTAL \$				\$450		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ \$153,178
- Amount received this period – unitemized monetary contributions of less than \$100 \$ \$6,314
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ \$159,492

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>75</u>
--	--

NAME OF FILER Save Open Space & Agricultural Resources, Inc.	I.D. NUMBER 970224
---	-----------------------

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)
11/9/2015	Victoria Ammons [REDACTED] 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	\$100	\$200	
11/27/2015	Philip Antonicelli [REDACTED] Thousand Oaks, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
11/18/2015	Edward Arkin [REDACTED] Somis, CA 93066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Composer/Producer, Self-Edward Arkin	\$1,500	\$1,500	
11/9/2015	Cassandra Auerbach [REDACTED] Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investigator, Citizen's Commission of Human Rights	\$250	\$250	
11/16/2015	Donna Austin [REDACTED] Ventura, CA 39001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
SUBTOTAL \$				\$2,050		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>6</u> of <u>75</u>
I.D. NUMBER 970224		

NAME OF FILER:

Save Open Space & Agricultural Resources, Inc.

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)
12/12/2015	John Baker [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior Partner, Management Partners	\$200	\$200	
11/20/2015	Richard Baldwin [REDACTED] 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	\$100	\$100	
12/5/2015	David Bauman [REDACTED] Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Electrical Contractor, Custom Lighting, Inc.	\$100	\$100	
11/17/2015	June Behar [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$250	
11/13/2015	Gerald Benecke [REDACTED] Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$200	
SUBTOTAL \$				\$750		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA 460 FORM Page <u>7</u> of <u>75</u>
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NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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)
12/21/2015	George Berg [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$5,000	\$5,000	
7/3/2015	Merrill Berge [REDACTED] 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	\$250	\$1,000	
8/3/2015	Merrill Berge [REDACTED] 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	\$250	\$1,250	
9/3/2015	Merrill Berge [REDACTED] 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	\$250	\$1,500	
10/3/2015	Merrill Berge [REDACTED] 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	\$250	\$1,750	
SUBTOTAL \$				\$6,000		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	7/1/2015	
through	12/31/2015	Page <u>8</u> of <u>75</u>
NAME OF FILER		I.D. NUMBER
Save Open Space & Agricultural Resources, Inc.		970224

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)
11/3/2015	Merrill Berge [REDACTED] 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	\$250	\$2,000	
12/3/2015	Merrill Berge [REDACTED] 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	\$250	\$2,250	
11/14/2015	Karl Bergenstal [REDACTED] Santa Rosa Valley, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist, Self-Karl Bergenstal	\$150	\$300	
12/2/2015	Janet Beving [REDACTED] 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	\$100	\$100	
11/30/2015	Bonnie Biddison [REDACTED] Van Nuys CA 91406	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Technician, Kaiser Permanente	\$500	\$500	
SUBTOTAL \$				\$1,250		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>9</u> of <u>25</u>
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NAME OF FILER Save Open Space & Agricultural Resources, Inc.	I.D. NUMBER 970224
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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)
11/17/2015	Douglas Bielanski [REDACTED] Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$50	\$100	
11/18/2015	Karen Birbeck [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500	\$500	
11/1/2015	Carol Bishop [REDACTED] 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	\$1,000	\$2,000	
11/8/2015	Charles Bleaklock [REDACTED] Oak Park, CA 91377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200	\$400	
12/14/2015	Diane Bodemeijer [REDACTED] Santa Rosa Valley, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500	\$500	
SUBTOTAL \$				\$2,250		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>10</u> of <u>75</u>
I.D. NUMBER 970224	

NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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)
11/15/2015	Linda Bogart [REDACTED] Oakview, CA 93022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Veternarian, Matilija Veterinary Hospital	\$50	\$100	
9/20/2015	Ron (Marion) Bottorff [REDACTED] 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	Retired	\$250	\$250	
12/1/2015	Claire Bovee [REDACTED] Santa Paula, CA 93060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
11/8/2015	Emily Boyes [REDACTED] Ventura, CA 93004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Demand Planner, Lost Arrow Corporation	\$100	\$100	
12/16/2015	Brodersen Associates [REDACTED] Ventura, Ca 93003	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$200	
SUBTOTAL \$				\$600		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>11</u> of <u>25</u>
I.D. NUMBER 970224		

NAME OF FILER

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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)
12/17/2015	Katharine Broesamle [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500	\$500	
11/19/2015	Kathleen Brokaw [REDACTED] Santa Paula, CA 93060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager, KMB Consulting	\$100	\$100	
11/17/2015	Maria Dante Brown [REDACTED] Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Self-Maria Dante Brown Attorney at Law	\$400	\$400	
11/27/2015	Greg Brown (Zee Medical Service) [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Zee Medical Service	\$100	\$100	
10/28/2015	Edward Buckle [REDACTED] 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	\$100	\$100	
SUBTOTAL \$				\$1,200		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/2015 through 12/31/2015	CALIFORNIA FORM 460 Page 12 of 75
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NAME OF FILER Save Open Space & Agricultural Resources, Inc.						
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)
12/12/2015	Mark Burley [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Television Producer, Porpoise Production, LTD	\$5,000	\$5,000	
12/13/2015	Mark Burley [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Television Producer, Porpoise Production, LTD	\$5,000	\$10,000	
7/23/2015	Carol Burton [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$100	\$700	
8/22/2015	Carol Burton [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$100	\$800	
10/9/2015	Carol Burton [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$100	\$900	
SUBTOTAL \$				\$10,300		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>13</u> of <u>75</u>
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11/9/2015	Carol Burton [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$100	\$1,000	
12/2/2015	Carol Burton [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$100	\$1,100	
12/30/2015	Randall Butler [REDACTED] 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	\$100	\$100	
12/11/2015	Margaret Buxkemper [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
11/17/2015	Judy Bysshe [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office Manager, Law Office of F.W. Bysshe	\$200	\$200	
SUBTOTAL \$				\$600		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>14</u> of <u>75</u>
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NAME OF FILER Save Open Space & Agricultural Resources, Inc.						
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11/21/2015	Christina Cade [REDACTED] 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	\$100	\$100	
12/12/2015	Virginia Camarillo [REDACTED] 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	\$100	\$100	
11/9/2015	Joseph Cannon [REDACTED] 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	\$100	\$100	
7/6/2015	Sandy Capaldi [REDACTED] Simi Valley, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager, Jet Propulsion Laboratory	\$200	\$200	
11/13/2015	Sandy Capaldi [REDACTED] Simi Valley, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager, Jet Propulsion Laboratory	\$350	\$550	
SUBTOTAL \$				\$850		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460 Page <u>15</u> of <u>25</u>
from <u>7/1/2015</u>	through <u>12/31/2015</u>	
NAME OF FILER Save Open Space & Agricultural Resources, Inc.		I.D. NUMBER 970224

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11/20/2015	Sandy Capaldi [REDACTED] Simi Valley, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager, Jet propulsion Laboratory	\$100	\$650	
11/18/2015	Barbara Cartee [REDACTED] 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	\$250	\$250	
12/1/2015	Judy Chaloupka [REDACTED] 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	\$100	\$100	
11/12/2015	Elisabeth Charas [REDACTED] 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	\$200	\$200	
12/2/2015	Norene Charnofsky [REDACTED] 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	\$125	\$125	
SUBTOTAL \$				\$775		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>16</u> of <u>75</u>
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NAME OF FILER Save Open Space & Agricultural Resources, Inc.	I.D. NUMBER 970224
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11/28/2015	Carolyn Chase [REDACTED] Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician, Primary Medical Group	\$100	\$100	
11/20/2015	Susan Cheney [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$250	
12/7/2015	Louella Childress [REDACTED] 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	\$100	\$100	
11/12/2015	Norman Clarke [REDACTED] Camarillo, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer, Federal Government	\$300	\$300	
12/26/2015	Jerome Clifford [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$300	\$300	
SUBTOTAL \$				\$1,050		

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OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>17</u> of <u>25</u> I.D. NUMBER 970224
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NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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)
12/6/2015	Todd Collart [REDACTED] 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	\$500	\$700	
11/12/2015	Mindy Cooper-Smith [REDACTED] Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician, C-S and J Pathology Medical Group, Inc.	\$750	\$750	
11/20/2015	Ray Corbett [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anthropologist, Santa Barbara Museum of Natural History	\$100	\$100	
12/24/2015	Byron Cox [REDACTED] Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurseryman, Australian Native Plants	\$100	\$100	
12/10/2015	Elizabeth Crawford [REDACTED] Encino, CA 91436	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrative Assistant, Supervisor Linda Parks	\$500	\$500	
SUBTOTAL \$				\$1,950		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>18</u> of <u>75</u>
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NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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)
12/28/2015	Joel Crawley [REDACTED] Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Agent, Seville Properties, INC	\$100	\$100	
11/16/2015	Joann Cunningham [REDACTED] 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	\$100	\$100	
12/11/2015	Gary Cunningham [REDACTED] Ventura, CA 93004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Historian, Ventura College	\$100	\$100	
11/14/2015	Vince Curtis [REDACTED] Oak Park, CA 91377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Appraiser, Brokers West, INC	\$200	\$200	
12/2/2015	Dean Curtis [REDACTED] Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
SUBTOTAL \$				\$600		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460 Page <u>19</u> of <u>75</u>
from	7/1/2015	
through	12/31/2015	
NAME OF FILER		I.D. NUMBER
Save Open Space & Agricultural Resources, Inc.		970224

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)
11/21/2015	Peggy Cygul [REDACTED] Westlake Village, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200	\$200	
11/8/2015	Duane Dammeyer [REDACTED] Ojai, Ca 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$150	\$150	
11/21/2015	Wilma Daschel-Melville [REDACTED] Santa Paula, CA 93060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director, National Disaster Search Dog Foundation	\$100	\$100	
11/13/2015	Roberta Davidson [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse, Community Memorial Hospital	\$350	\$350	
11/16/2015	Jacqueline Davis [REDACTED] 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	\$100	\$100	
SUBTOTAL \$				\$900		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>20</u> of <u>25</u>
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NAME OF FILER Save Open Space & Agricultural Resources, Inc.						
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)
11/28/2015	Richard Dawson [REDACTED] Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor, RTD Electric	\$100	\$100	
11/8/2015	Claudia De La Pena [REDACTED] 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	News writer, CBC-Viacom	\$1,000	\$1,000	
12/23/2015	Gregory Delvecchio [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Computer Programmer, Cybacon Inc.	\$300	\$300	
12/27/2015	Elzabet Dian de Leon [REDACTED] Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Instructor, Ventura College	\$1,000	\$1,000	
12/28/2015	Peter Dibble [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher, Ventura Unified School District	\$100	\$100	
SUBTOTAL \$				\$2,500		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>21</u> of <u>75</u> I.D. NUMBER 970224
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NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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11/18/2015	Susan Dirrim [REDACTED] Oxnard, CA 93030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$75	\$125	
11/30/2015	Gerald Donckels [REDACTED] Fillmore, CA 93015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer, Self-Gerald Donckels	\$250	\$250	
12/15/2015	Christine Dowell [REDACTED] Ventura, CA 93002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$1,000	\$1,000	
11/12/2015	Peter Dowler [REDACTED] 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	\$250	\$250	
10/15/2015	Lauraine Effress [REDACTED] 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	\$250	\$250	
SUBTOTAL \$				\$1,825		

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

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>22</u> of <u>25</u>
I.D. NUMBER 970224		

NAME OF FILER Save Open Space & Agricultural Resources, Inc.						
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)
12/8/2015	Beverly Eggerman [REDACTED] Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$100	\$100	
7/31/2015	Patricia Ehret [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$20	\$100	
8/31/2015	Patricia Ehret [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$20	\$120	
9/30/2015	Patricia Ehret [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$20	\$140	
10/31/2015	Patricia Ehret [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$20	\$160	
SUBTOTAL \$				\$180		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>23</u> of <u>25</u>
I.D. NUMBER 970224		

NAME OF FILER
 Save Open Space & Agricultural Resources, Inc.

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11/30/2015	Patricia Ehret [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$20	\$180	
12/31/2015	Patricia Ehret [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$20	\$200	
11/15/2015	Stephen Ehret [REDACTED] 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	\$100	\$100	
11/30/2015	Sy Einstoss [REDACTED] 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	\$100	\$100	
12/16/2015	Sandra Emberland [REDACTED] Thousand Oaks, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
SUBTOTAL \$				\$340		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>24</u> of <u>25</u>
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11/15/2015	Gwen Erickson [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housewife	\$100	\$100	
10/2/2015	Bernadette Erye [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$800	\$800	
12/1/2015	Patricia Essick [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer, Essick Farm Management	\$200	\$300	
11/28/2015	Gary Evans [REDACTED] 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, Law office of Gary Evans	\$100	\$100	
11/25/2015	Kate Faulkner [REDACTED] Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Park Ranger, National Park Service	\$250	\$250	
SUBTOTAL \$				\$1,450		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>25</u> of <u>25</u>
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12/30/2015	Kathryn Fellows [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
11/17/2015	Ken Ferber [REDACTED] Westlake Village, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer, Self-Ken Ferber	\$100	\$100	
11/27/2015	Patricia Finie [REDACTED] 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	\$100	\$100	
11/20/2015	Joan Follis [REDACTED] 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	\$100	\$100	
12/28/2015	Robert Forney [REDACTED] 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	\$125	\$125	
SUBTOTAL \$				\$525		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA 460 FORM Page <u>24</u> of <u>25</u>
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NAME OF FILER Save Open Space & Agricultural Resources, Inc.						
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11/7/2015	Drew Fountaine [REDACTED] Oak Park, CA 91377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor, Cal State Northridge	\$125	\$125	
12/30/2015	Francis for City Council 2013 (#1359179) [REDACTED] Ventura, CA 93003	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,920	\$8,920	
12/28/2015	Mary Freed [REDACTED] Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$800	\$1,000	
12/14/2015	Kathleen Furness [REDACTED] Oak Park, CA 91377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$50	\$100	
12/10/2015	Kay Giles [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher, Ventura Unified School District	\$125	\$250	
SUBTOTAL \$				\$10,020		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>27</u> of <u>28</u>
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NAME OF FILER Save Open Space & Agricultural Resources, Inc.						
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11/19/2015	Gary Gillan [REDACTED] 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	\$100	\$100	
11/11/2015	William Girvetz [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Management, Self-William Girvetz	\$125	\$125	
11/23/2015	Patsy Glenn [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$300	\$300	
12/2/2015	Steven Glinka [REDACTED] 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	\$100	\$100	
11/27/2015	Bonnie Goldenberg [REDACTED] Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer, Self-Bonnie Goldenberg	\$100	\$100	
SUBTOTAL \$				\$725		

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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>22</u> of <u>75</u>
I.D. NUMBER 970224		

NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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)
11/23/2015	Ronda Gottlieb [REDACTED] Santa Rosa Valley, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
12/20/2015	Julia Gourley [REDACTED] Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
11/17/2015	Nelda Gruenthal [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
12/29/2015	Peggy Heisner [REDACTED] Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$250	
12/1/2015	Richard Heller [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$250	
SUBTOTAL \$				\$800		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>29</u> of <u>75</u>
I.D. NUMBER 970224		

NAME OF FILER Save Open Space & Agricultural Resources, Inc.						
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)
11/12/2015	Marjorie Herring [REDACTED] Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA, Self-Marjorie Herring	\$500	\$500	
10/1/2015	Mark Herzer [REDACTED] Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Probation Officer, County of Los Angeles	\$50	\$100	
11/20/2015	David Hettwer [REDACTED] Thousand Oaks, CA 91320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
8/31/2015	David Hibbits [REDACTED] 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	\$100	\$100	
11/23/2015	William Hillbrant [REDACTED] 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	\$450	\$450	
SUBTOTAL \$				\$1,200		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>30</u> of <u>75</u>
I.D. NUMBER <u>970224</u>	

NAME OF FILER Save Open Space & Agricultural Resources, Inc.						
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)
12/22/2015	Norma Holanov [REDACTED] 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	\$100	\$100	
11/19/2015	John Holroyd [REDACTED] Thousand Oaks, Ca 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
11/18/2015	Edward Hopkins [REDACTED] Fillmore, CA 93015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200	\$200	
12/7/2015	C. Flager Horn [REDACTED] 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	\$100	\$100	
12/17/2015	Diane Hubbard [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Probation Officer, County of Ventura	\$100	\$100	
SUBTOTAL \$				\$600		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>31</u> of <u>75</u>
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NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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)
12/27/2015	Craig Ichinose [REDACTED] 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	\$250	\$250	
11/20/2015	Jennifer Sage Equestrian Center [REDACTED] Santa Paula, CA 93060	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$125	\$125	
9/17/2015	Johanson Ventures, Inc. [REDACTED] Sylmar, CA 91342	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000	\$20,000	
12/2/2015	Johanson Ventures, Inc. [REDACTED] Sylmar, CA 91342	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000	\$25,000	
11/27/2015	George Johnson [REDACTED] Carpenteria, CA 93013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planner, City of Santa Barbara	\$400	\$400	
SUBTOTAL \$				\$10,775		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>32</u> of <u>75</u> I.D. NUMBER 970224
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NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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)
12/7/2015	Pamela Johnson [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager, USU Productions	\$250	\$250	
12/21/2015	Ruth Johnson [REDACTED] 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	\$100	\$200	
12/31/2015	Katherine Johnston [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
11/10/2015	Thomas Jones [REDACTED] 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	\$625	\$625	
12/14/2015	Darrell Jones [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer, Self-Darrell Jones	\$300	\$300	
SUBTOTAL \$				\$1,375		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>33</u> of <u>75</u> I.D. NUMBER 970224
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NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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)
11/15/2015	Steven Kallman [REDACTED] 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	\$100	\$100	
12/31/2015	Linda Kaptiz [REDACTED] Oak Park, CA 91377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$3,750	\$7,500	
12/16/2015	Carol Keavney [REDACTED] 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	Retired	\$20	\$110	
11/20/2015	Harry Kengen [REDACTED] Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter, Naval Base Ventura County	\$100	\$100	
11/12/2015	Margaret Kirnig [REDACTED] Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
SUBTOTAL \$				\$4,070		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>34</u> of <u>75</u>
NAME OF FILER Save Open Space & Agricultural Resources, Inc.		
		I.D. NUMBER 970224

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)
11/7/2015	Joy Kobayashi [REDACTED] Ventura, CA 93004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Instructor, Ventura College	\$500	\$500	
11/23/2015	Lawrence Koch [REDACTED] Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200	\$200	
12/6/2015	Kim Kosai [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist, Self-Kim Kosai	\$50	\$100	
11/11/2015	Dawn Kowalski [REDACTED] Santa Susana, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$150	\$150	
11/16/2015	John Krotcher [REDACTED] 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	\$250	\$250	
SUBTOTAL \$				\$1,150		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>35</u> of <u>75</u>
I.D. NUMBER 970224		

NAME OF FILER
 Save Open Space & Agricultural Resources, Inc.

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12/17/2015	Michael Krumpschmidt [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
11/28/2015	Adam Kulman [REDACTED] Simi Valley, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Art Director, Fox Television	\$100	\$100	
12/12/2015	Tod Kuhn [REDACTED] Ojai, CA 93034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
11/24/2015	John LaJoy [REDACTED] Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist, Sylmar Family Dental Group	\$100	\$100	
11/16/2015	Fran Larsen [REDACTED] Santa Paula, CA 93060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician, Self-Fran Larsen	\$50	\$100	
SUBTOTAL \$				\$450		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>36</u> of <u>75</u>
I.D. NUMBER 970224		

NAME OF FILER Save Open Space & Agricultural Resources, Inc.						
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)
11/15/2015	Linda LaRue [REDACTED] Santa Paula, CA 93060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
11/9/2015	Ruth Lasell [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$125	\$125	
12/3/2015	Edwin Lennette [REDACTED] Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500	\$500	
11/21/2015	Ward Leslie [REDACTED] 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	\$100	\$100	
11/9/2015	Robert Liberman [REDACTED] Thousand Oaks, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician, UCLA	\$1,000	\$1,000	
SUBTOTAL \$				\$1,825		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA 460 FORM Page <u>37</u> of <u>76</u>
I.D. NUMBER 970224		

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10/22/2015	Carol Lindberg [REDACTED] 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	\$100	\$100	
11/12/2015	Dan Long [REDACTED] Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Daniel E. Long Painting	\$125	\$125	
11/11/2015	Patrick Lopker [REDACTED] Westlake Village, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Advisor, Wells Fargo Advisors, LLC	\$100	\$100	
11/25/2015	Jonathan Loring [REDACTED] Agoura Hills, CA 91301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
11/10/2015	Joan Luke [REDACTED] Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
SUBTOTAL \$				\$525		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>38</u> of <u>75</u> I.D. NUMBER 970224

NAME OF FILER

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07/15/2015	Mary Lynch [REDACTED] Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Librarian, City of Ojai	\$100	\$100	
11/21/2015	Miriam Mack [REDACTED] 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	\$100	\$100	
12/17/2015	Brian MacPolin [REDACTED] 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	\$500	\$500	
12/17/2015	Brian MacPolin [REDACTED] 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	\$500	\$1,000	
12/2/2015	Paul Magie [REDACTED] 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	\$1,250	\$1,250	
SUBTOTAL \$				\$2,450		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>39</u> of <u>75</u>
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7/11/2015	Lawrence Manson [REDACTED] Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor, Ventura College	\$666	\$666	
12/2/2015	Zygmunt Martynowicz [REDACTED] Camrillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
11/16/2015	Marie Mason [REDACTED] Simi Valley, CA 93063	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$100	\$100	
11/10/2015	Steven McCloskey [REDACTED] Seal Beach, CA 90740	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	QC Lab Service Manager, Dendreon Corporation	\$500	\$500	
11/28/2015	Nell McCombs [REDACTED] 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	\$100	\$100	
SUBTOTAL \$				\$1,466		

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 www.fppc.ca.gov

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA 460 FORM Page <u>40</u> of <u>75</u>
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NAME OF FILER Save Open Space & Agricultural Resources, Inc.	I.D. NUMBER 970224
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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)
10/1/2015	Janis McCormick [REDACTED] 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	\$350	\$350	
11/14/2015	Michael McCrary [REDACTED] 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	Biologist, US Dept. of Interior	\$300	\$300	
11/16/2015	Rosemary McIntyre [REDACTED] Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician, Self-Rosemary McIntyre MD, INC	\$200	\$200	
11/30/2015	Mary Jo McLeod [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$375	\$375	
11/24/2015	Hugh McTernan [REDACTED] Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer, Alternative Energy & Environmental Engineerin	\$100	\$100	
SUBTOTAL \$				\$1,325		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>41</u> of <u>75</u>
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NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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)
11/21/2015	Barbara Meister [REDACTED] 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	\$500	\$500	
11/21/2015	Jane Meros [REDACTED] Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Data Entry Clerk, Schuberg Insurance	\$500	\$1,000	
11/17/2015	Robert Merrilees [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$250	
11/15/2015	Don Morrow [REDACTED] Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Information Technology, Kaiser Permanente	\$250	\$250	
12/1/2015	Richardson Morse [REDACTED] Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500	\$500	
SUBTOTAL \$				\$2,000		

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>42</u> of <u>75</u>
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NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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)
12/6/2015	Dawn Mortara [REDACTED] Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$250	
11/22/2015	Marsha Moutrie [REDACTED] Thousand Oaks, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Self-Marsha Moutrie Attorney at Law	\$250	\$250	
11/19/2015	Sally Mueller [REDACTED] 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	\$100	\$100	
11/29/2015	Frank Mscarella [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
11/16/2015	Susan Myers [REDACTED] Oak Park, CA 91377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$125	\$250	
SUBTOTAL \$				\$825		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>43</u> of <u>75</u> I.D. NUMBER 970224
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NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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12/30/2015	David Newman [REDACTED] Thousand Oaks, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager, Network Test, Inc.	\$100	\$100	
12/31/2015	Jack Nicholl [REDACTED] Malibu, CA 90265	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Political Consultant, Self-Jack Nicholl	\$125	\$125	
9/7/2015	Robert Nimmons [REDACTED] Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200	\$200	
11/16/2015	Grace Nishihara [REDACTED] Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$100	\$100	
11/21/2015	Helen Norton [REDACTED] Boulder, CO 80302	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lawyer, University of Maryland	\$100	\$100	
SUBTOTAL \$				\$625		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA 460 FORM Page <u>44</u> of <u>75</u>
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NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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12/24/2015	Muriel Norton [REDACTED] 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	\$100	\$100	
11/20/2015	Steve Offerman [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator, County of Ventura	\$175	\$175	
12/2/2015	Sherry O'Hollaren [REDACTED] Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$250	\$250	
11/19/2015	Maria Older-Kapp [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Manager, County of Ventura	\$100	\$100	
7/13/2015	John Oliver [REDACTED] Oxnard, CA 93033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Pacific Fresh Produce	\$50	\$400	
SUBTOTAL \$				\$675		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>45</u> of <u>75</u>
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NAME OF FILER Save Open Space & Agricultural Resources, Inc.						
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10/6/2015	John Oliver [REDACTED] Oxnard, CA 93033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Pacific Fresh Produce	\$200	\$600	
11/9/2015	John Oliver [REDACTED] Oxnard, CA 93033	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Pacific Fresh Produce	\$50	\$650	
11/13/2015	Carol Olson [REDACTED] Thousand Oaks, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$417	\$417	
12/1/2015	Mary Jo Ortega [REDACTED] 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	\$100	\$100	
11/27/2015	Judith Owen [REDACTED] 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	\$100	\$100	
SUBTOTAL \$				\$867		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>46</u> of <u>75</u> I.D. NUMBER 970224
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12/30/2015	Pacific Fresh Produce [REDACTED] Oxnard, CA 93033	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,400	\$1,400	
11/10/2015	David Park [REDACTED] Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$275	\$275	
11/29/2015	Peter Percy [REDACTED] Ventura, CA 93004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fraud Investigator, State of California	\$250	\$250	
11/19/2015	Susan Perrin [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$250	
11/08/2015	Muriel Phillips [REDACTED] 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	\$100	\$100	
SUBTOTAL \$				\$2,275		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>47</u> of <u>75</u>
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NAME OF FILER Save Open Space & Agricultural Resources, Inc.	I.D. NUMBER 970224
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11/23/2015	Ronald Phillips [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Film Producer, Leawood Productions	\$100	\$100	
11/21/2015	Lynne Plambeck [REDACTED] Newhall, CA 91321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
12/3/2015	Virginia Pollack [REDACTED] Oak Park, CA 91377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Assistant, County of Ventura	\$500	\$500	
12/1/2015	Joyce Porter [REDACTED] Oak Park, CA 91377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$25	\$125	
11/29/2015	Steven Price [REDACTED] Bell Canyon, CA 91307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Salesperson, LA Surplus, Inc.	\$100	\$100	
SUBTOTAL \$				\$825		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>48</u> of <u>75</u>
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11/17/2015	Christian Ramiller [REDACTED] Westlake Village, CA 91361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
10/20/2015	Chris Reinhart [REDACTED] 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	\$100	\$100	
12/30/2015	Edward Remson [REDACTED] Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Director, The Nature Conservancy	\$250	\$250	
11/30/2015	Jeane Renick [REDACTED] Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Legal Assistant, County of Ventura	\$100	\$100	
12/10/2015	Kathleen Richards [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
SUBTOTAL \$				\$650		

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Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>49</u> of <u>75</u>
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10/2/2015	Russell Richardson [REDACTED] 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	\$10	\$100	
11/2/2015	Russell Richardson [REDACTED] 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	\$10	\$110	
12/2/2015	Russell Richardson [REDACTED] 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	\$10	\$120	
12/28/2015	Joseph Richardson [REDACTED] 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	\$50	\$100	
12/25/2015	Marlayn Riley [REDACTED] 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	\$100	\$100	
SUBTOTAL \$				\$180		

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>50</u> of <u>75</u> I.D. NUMBER 970224

NAME OF FILER:

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12/17/2015	Ernest Rischar [REDACTED] Oakview, CA 93022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$250	
12/5/2015	Thomas Ritch [REDACTED] Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$50,000	\$50,000	
12/5/2015	Thomas Ritch [REDACTED] Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$30	\$50,030	
12/1/2015	Louise Roberts [REDACTED] Santa Rosa Valley, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$500	
11/16/2015	Colleen Robles [REDACTED] 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	\$250	\$250	
SUBTOTAL \$				\$50,780		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>51</u> of <u>75</u>
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NAME OF FILER Save Open Space & Agricultural Resources, Inc.						
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)
12/6/2015	Brian Rocheleau [REDACTED] Camarillo, CA 93012	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500	\$500	
11/25/2015	Mark Rochin [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer, Self-Mark Rochin	\$100	\$100	
11/9/2015	Alan Roll [REDACTED] Oak Park, CA 91377	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Manager, Optical Physics Company	\$100	\$100	
12/27/2015	Ric Rossini [REDACTED] 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	\$100	\$100	
11/20/2015	Fred Rothenberg [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$250	
SUBTOTAL \$				\$1,050		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>52</u> of <u>75</u>
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NAME OF FILER Save Open Space & Agricultural Resources, Inc.						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/31/2015	Margaret Rothschild [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer, Self-Margaret Rothschild	\$25	\$175	
8/31/2015	Margaret Rothschild [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer, Self-Margaret Rothschild	\$25	\$200	
9/30/2015	Margaret Rothschild [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer, Self-Margaret Rothschild	\$25	\$225	
10/31/2015	Margaret Rothschild [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer, Self-Margaret Rothschild	\$25	\$250	
11/30/2015	Margaret Rothschild [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer, Self-Margaret Rothschild	\$25	\$275	
SUBTOTAL \$				\$125		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>53</u> of <u>75</u>
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NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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)
12/31/2015	Margaret Rothschild [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Writer, Self-Margaret Rothschild	\$25	\$300	
12/27/2015	Laurel Rutledge [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor, Coldwell Banker, Inc.	\$250	\$250	
11/10/2015	Christine Sanborn [REDACTED] 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	\$125	\$125	
11/10/2015	Mary Saputo [REDACTED] Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse Practitioner Antelope Valley Emergency Medical	\$100	\$100	
11/10/2015	Patricia Scharch [REDACTED] Ventura, CA 93004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Equipment Mechanic Verizon, Inc.	\$100	\$100	
SUBTOTAL \$				\$600		

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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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Save Open Space & Agricultural Resources, Inc.		970224

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)
12/29/2015	Alex Schein [REDACTED] Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Karate Instructor, Shotokan Canejo Valley	\$100	\$100	
7/10/2015	Kent Schmidt [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marriage & Family Therapist, Self-Kent Schmidt	\$100	\$100	
12/12/2015	Michael Schneider [REDACTED] Westlake Village, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
11/9/2015	Dewey Schorre [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$250	
12/7/2015	Randall Scuria [REDACTED] Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Buyer, Spec Fab, Inc.	\$100	\$100	
SUBTOTAL \$				\$650		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>55</u> of <u>75</u>
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NAME OF FILER: Save Open Space & Agricultural Resources, Inc.						
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)
12/31/2015	Virginia Seaton [REDACTED] Simi Valley, CA 93065	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500	\$1,000	
11/16/2015	Robert Shakman [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician, Self-Robert Shakman	\$100	\$100	
12/6/2015	Linda Shishino-Cruz [REDACTED] 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	IT Specialist, Hirose Electric USA, Inc.	\$2,500	\$2,500	
12/27/15	Ronald Siegel [REDACTED] Westlake Village, CA 91362	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
11/8/2015	Daniel Silver [REDACTED] Los Angeles, CA 90069	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director, Endangered Habitat League	\$1,250	\$1,250	
SUBTOTAL \$				\$4,450		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
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NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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)
11/9/2015	Charles Simmons [REDACTED] 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	\$125	\$125	
12/20/2015	Rorie Skei [REDACTED] Thousand Oaks, CA 91320	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief Deputy Director, Santa Monica Mountain Conservancy	\$100	\$100	
12/6/2015	Marianne Slaughter [REDACTED] 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	\$500	\$500	
11/23/2015	Charles Sledd [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$125	\$125	
12/17/2015	Julie Sletten [REDACTED] Ventura, CA 93001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician, Ventura County Medical Center	\$100	\$100	
SUBTOTAL \$				\$950		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>57</u> of <u>75</u>
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11/26/2015	Carol Smith [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor of Nursing, Ventura College	\$200	\$200	
11/23/2015	Charles Spraggins [REDACTED] 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	\$100	\$100	
11/27/2015	Steven Sprinkel [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, The Farmer and the Cook	\$100	\$100	
11/30/2015	Kelly Stark [REDACTED] 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	\$500	\$500	
12/1/2015	Barry Statner [REDACTED] Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician, Self-Barry Statner	\$100	\$200	
SUBTOTAL \$				\$1,000		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>58</u> of <u>75</u>
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11/17/2015	Hall Stratton [REDACTED] Oakview, CA 93022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Firefighter L.A. County Fire Dept.	\$100	\$100	
12/28/2015	Al Stroberg [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician, Self-Albert Stroberg	\$400	\$600	
11/9/2015	Robert Stroh [REDACTED] Fillmore, CA 93015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$125	\$125	
11/18/2015	Sidney Suggs [REDACTED] Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$200	\$200	
11/21/2015	Robert Sullivan [REDACTED] 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	\$100	\$100	
SUBTOTAL \$				\$925		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>59</u> of <u>75</u>
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11/27/2015	Sandra Swanson [REDACTED] 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	\$100	\$100	
11/8/2015	Ben Tapia [REDACTED] 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	\$100	\$100	
7/31/2015	Gregory Thayer [REDACTED] Santa Paula, CA 93060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$25	\$425	
8/31/2015	Gregory Thayer [REDACTED] Santa Paula, CA 93060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$25	\$450	
12/9/2015	Gregory Thayer [REDACTED] Santa Paula, CA 93060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$700	
SUBTOTAL \$				\$500		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>60</u> of <u>75</u> I.D. NUMBER <u>970224</u>
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12/31/2015	Gregory Thayer [REDACTED] Santa Paula, CA 93060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$25	\$725	
11/24/2015	Stephanie Tiffany [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Librarian, HRL Laboratories, LLC	\$100	\$200	
12/4/2015	Marian Totheroh [REDACTED] Santa Paula, CA 93060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
11/15/2015	Jean Tufts [REDACTED] Moorpark, CA 93021	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Electronic Engineer, Pl. Mugu Naval Air Station	\$250	\$250	
11/14/2015	John Turner [REDACTED] 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	\$100	\$100	
SUBTOTAL \$				\$575		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>61</u> of <u>75</u>
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11/20/2015	Sara Underwood [REDACTED] Camarillo, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer, Underwood Ranches	\$1,500	\$1,500	
8/3/2015	James Uphold [REDACTED] 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	\$500	\$500	
12/3/2015	Nancy Vaniotis [REDACTED] 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	\$1,000	\$1,000	
11/19/2015	Ventura Hillside Conservancy [REDACTED] Ventura, CA 93002	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$100	
12/20/2015	Steven Vernon [REDACTED] Oxnard, CA 93035	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant, Self-Vernon Consulting	\$250	\$250	
SUBTOTAL \$				\$3,350		

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 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
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 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>62</u> of <u>75</u>
I.D. NUMBER 970224		

NAME OF FILER Save Open Space & Agricultural Resources, Inc.						
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)
11/21/2015	Kathy Viele [REDACTED] Ventura, CA 93004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Law Offices of Whipple & Viele	\$100	\$100	
7/3/2015	Mary Vomund [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse, Health South Corporation	\$25	\$175	
8/1/2015	Mary Vomund [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse, Health South Corporation	\$25	\$200	
9/1/2015	Mary Vomund [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse, Health South Corporation	\$25	\$225	
10/1/2015	Mary Vomund [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse, Health South Corporation	\$25	\$250	
SUBTOTAL \$				\$200		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/2015
through 12/31/2015

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NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

I.D. NUMBER

970224

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)
11/1/2015	Mary Vomund [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse, Health South Corporation	\$25	\$275	
12/1/2015	Mary Vomund [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse, Health South Corporation	\$25	\$300	
11/14/2015	Carolyn Vondriska [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Waite, Jacobs, Atkinson	\$100	\$100	
12/22/2015	Kirk Wain [REDACTED] Ventura, CA 93003	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Biologist, U.S. Fish & Wildlife Service	\$100	\$100	
11/9/2015	Judith Ward [REDACTED] 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	\$100	\$100	
SUBTOTAL \$				\$350		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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Save Open Space & Agricultural Resources, Inc.		970224

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)
12/31/2015	Barbara Washburn [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Screenwriter, Washburn Productions, Inc.	\$200	\$400	
11/18/2015	Patricia Weigand [REDACTED] Thousand Oaks, CA 91360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	
12/2/2015	Peter Weiner [REDACTED] 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	\$100	\$100	
11/20/2015	Susan White [REDACTED] Camarillo, CA 93010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Enrolled Agent, Self-Susan White	\$100	\$100	
11/19/2015	E. Dieter Wolf [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Management, Wolf Property Management	\$200	\$200	
SUBTOTAL \$				\$700		

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SCC - Small Contributor Committee

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

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>		CALIFORNIA FORM 460 Page <u>65</u> of <u>75</u>
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NAME OF FILER Save Open Space & Agricultural Resources, Inc.						
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)
11/25/2015	Yale Insurance Service [REDACTED] Somis, CA 93066	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250	\$500	
12/1/2015	Zee Medical Services (David Brown) [REDACTED] Ojai, CA 93023	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100	\$200	
11/19/2015	Harvey Ziegler [REDACTED] 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	\$100	\$100	
11/17/2015	Wendy Zirbel [REDACTED] 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	\$100	\$100	
11/18/2015	Sheila Zutavern [REDACTED] Ojai, CA 93023	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Library Technician County of Ventura	\$100	\$100	
SUBTOTAL \$				\$650		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460 Page <u>66</u> of <u>75</u> I.D. NUMBER 970224
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NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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)
12/17/2015	Sherwin Samuels Los Angeles, CA 90013	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$250	\$450	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				\$250		

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 SCC - Small Contributor Committee

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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
Frank Boross Media Services [REDACTED] Ventura, CA 93003		Printing	\$112.34
Karen Schmidt [REDACTED] Ojai, CA 93023	OFC		\$132.35
Elavon, Inc. [REDACTED] San Jose, CA 95131		Credit Card Fees	\$150.00

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

SUBTOTAL \$ 394.69

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 56,056.72
2. Unitemized payments made this period of under \$100	\$ 981.57
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 \$ 57,038.29

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Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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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
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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
PayPal [REDACTED] San Jose, CA 95131		Fees	\$145.50
Larry Older [REDACTED] Ventura, CA 93003		Paper Products	\$163.99
Linda Parks [REDACTED] Thousand Oaks, CA 91360		Thousand Oaks Ballot Initiative Filing Fee	\$200.00
Richard Francis [REDACTED] Ventura, CA 93004		Santa Paula Ballot Initiative Filing Fee	\$200.00
Roseann Mikos [REDACTED] Moorpark, CA 93021		Moorpark Ballot Initiative Filing Fee	\$200.00

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SUBTOTAL \$ 909.49

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Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
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through 12/31/2015

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NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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970224

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
Stephen Bennett [REDACTED] Ventura, CA 93001		City of Ventura Ballot Initiative Filing Fee	\$200.00
Larry Older [REDACTED] Ventura, CA 93003		Paper Products	\$203.83
Frank Boross Media Services [REDACTED] Ventura, CA 93003		City of Camarillo Initiative Printing	\$225.75
Debby Wooff [REDACTED] Ventura, CA 93004	PRO		\$270.00
Jacquie Alderson [REDACTED] Ventura, CA 93004	PRO		\$272.30

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SUBTOTAL \$ 1,171.88

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Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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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
Jacquie Alderson [REDACTED] Ventura, CA 93004	PRO		\$281.25
Frank Boross Media Services [REDACTED] Ventura, CA 93003		Graphic Work - Signs	\$322.50
Frank Boross Media Services [REDACTED] Ventura, CA 93003		Printing Services	\$322.50
Frank Boross Media Services [REDACTED] Ventura, CA 93003		Printing Services	\$397.75
Jacquie Alderson [REDACTED] Ventura, CA 93004	PRO		\$429.49

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SUBTOTAL \$ 1,753.49

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

Statement covers period from 7/1/2015 through 12/31/2015	CALIFORNIA 460 FORM Page 71 of 75 I.D. NUMBER 970224
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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
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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
Ventura Signs [REDACTED] Ventura, CA 93003		T-shirts & Buttons	\$540.67
Frank Boross Media Services [REDACTED] Ventura, CA 93003		Maps Ventura County: \$209.63 City of Ventura: \$62.89 City of Moorpark: \$41.92 Oak Park: \$20.97 City of Thousand Oaks: \$62.89 City of Simi Valley: \$62.89 Lake Sherwood: \$10.48 Susana Knolls: \$10.48 City of Fillmore: \$41.92 City of Santa Paula: \$41.92	\$565.99
Frank Boross Media Services [REDACTED] Ventura, CA 93003		Postcards	\$580.29
Frank Boross Media Services [REDACTED] Ventura, CA 93003		Printing	\$694.13
Frank Boross Media Services [REDACTED] Ventura, CA 93003		Brochure	\$718.10

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SUBTOTAL \$ 3,099.18

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

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

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Save Open Space & Agricultural Resources, Inc.

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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
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mail Manager [REDACTED] Ventura, CA 93003		Mailing Services	\$1,265.88
Frank Boross Media Services [REDACTED] Ventura, CA 93003		SOAR Initiatives: Graphic Design & Layout City of Simi Valley: \$179.12 City of Moorpark: \$179.12 City of Ventura: \$350.00 City of Santa Paula: \$179.12 City of Thousand Oaks: \$179.12 County of Ventura: \$268.09	\$1,343.75
Mail Manager [REDACTED] Ventura, CA 93003		Mailing Services	\$1,815.93
Ventura Signs [REDACTED] Ventura, CA 93003		T-shirts & Buttons	\$2,190.00
Frank Boross Media Services [REDACTED] Ventura, CA 93003		Stationary	\$2,483.25

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SUBTOTAL \$ 9,098.81

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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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
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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
Larry Older [REDACTED] Ventura, CA 93003		Legal Notices	\$3,103.58
Karen Schmidt [REDACTED] Ojai, CA 93023	PRO		\$4,000.00
Mark Burley [REDACTED] Camarillo, CA 93012	RFD		\$5,000.00
Venture Visuals [REDACTED] Santa Barbara, CA 93013		Video Production	\$10,000.00
Jano Graphics [REDACTED] Ventura, CA 93003		Printing	\$11,403.61

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

SUBTOTAL \$ 33,507.19

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

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Save Open Space & Agricultural Resources, Inc.

Statement covers period		CALIFORNIA FORM 460
from	7/1/2015	
through	12/31/2015	Page <u>74</u> of <u>75</u>
		I.D. NUMBER 970224

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
Larry Older [REDACTED] Ventura, CA 93003		Paper Products	\$163.99
Steve Bennett [REDACTED] Ventura, CA 93001		Meeting Room Rental	\$150.00
LoaTree, Inc. [REDACTED] Santa Barbara, CA 93140	WEB		\$2,808.00
LoaTree, Inc. [REDACTED] Santa Barbara, CA 93140	WEB		\$3,000.00

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

SUBTOTAL \$ 6,121.99

Schedule I
Miscellaneous Increases to Cash

Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from <u>7/1/2015</u> through <u>12/31/2015</u>	CALIFORNIA FORM 460
	Page <u>75</u> of <u>75</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Save Open Space & Agricultural Resources

I.D. NUMBER
970224

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period.	\$ 0
2. Unitemized increases to cash of under \$100 this period.	\$ 809.07
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$ 809.07

ATTACHMENT TO SWORN COMPLAINT FORM

Ventura County Supervisor Steve Bennett and Save Open Space & Agricultural Resources, Inc.

Exhibit 3

Form 462 Confirmation from Deborah Hanephin, FPPC Political Reform Consultant II Exhibit 4

Sarah Lang

From: Deborah Hanephin <DHanephin@fppc.ca.gov>
Sent: Friday, July 01, 2016 4:09 PM
To: Sarah Lang
Cc: Tara Stock; Form462
Subject: FW: Form 462

Hi Sarah,

We only post submissions for state elections, and after today, we will not be posting those either. We will however still provide copies of forms if they are requested. In the future, FPPC's website will reflect this new information so that users can either contact us for a specific form and/or they may visit the SOS' website to perform a search which provides more information than what is shown on the 462. Links to both pages are noted below.

In reference to your question, I wasn't sure which election you were asking about so I searched local races back through 2014, and didn't find anything for that committee number.

If you have any other questions, please let us know.

Thank you,

Deborah A. Hanephin
Political Reform Consultant II
Fair Political Practices Commission
428 J Street, Suite 620
Sacramento, CA 95814

(916) 322-1198
ghanephin@fppc.ca.gov

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FPPC 462 postings <http://www.fppc.ca.gov/transparency/form-700-filed-by-public-officials/ie-verification-search.html>
SOS IE postings <http://powersearch.sos.ca.gov:3000/>

From: Sarah Lang [<mailto:slang@bmhlaw.com>]
Sent: Friday, June 24, 2016 1:44 PM
To: Form462 <form462@fppc.ca.gov>
Subject: Form 462

Hi-

I don't believe this is on the FPPC website, and even if it is, I can't find it. Did Save Open Space & Agricultural Resources (970224) file any 462's with FPPC? It would have been Ventura County.

Thank you!

Sarah Lang
Associate

*455 Capitol Mall, Suite 600
Sacramento, CA 95814*

BELL, McANDREWS
& HILTACHK, LLP

P (916) 442-7757
F (916) 442-7759
E SLang@bmhlaw.com
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ATTACHMENT TO SWORN COMPLAINT FORM

Ventura County Supervisor Steve Bennett and Save Open Space & Agricultural Resources, Inc.

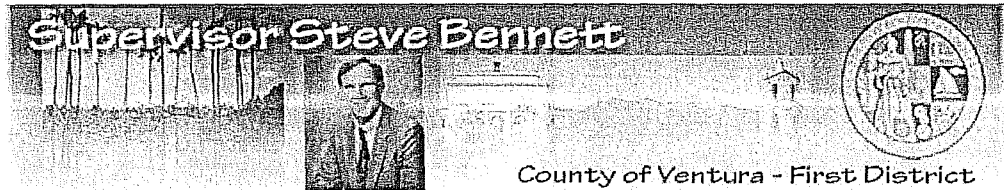
Exhibit 4

Screenshot of County of Ventura website, Supervisor Steve Bennett

Additional contact address:
Supervisor Steve Bennett, L-1900
800 S. Victoria Ave.
Ventura, CA 93009

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District 1 - Supervisor Steve Bennett



Communities Represented by Supervisor Bennett:

San Buenaventura, Montalvo, Saticoy, Ojai Valley, City of Ojai, Upper Ojai Valley, Riverpark, Northwest Oxnard, and North Coast.

Email Supervisor [Steve Bennett](#)

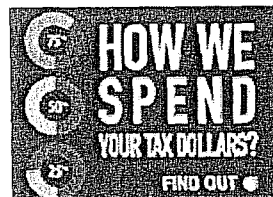
Direct written materials to:

Supervisor Steve Bennett, L-1900
800 S. Victoria Ave.
Ventura, CA 93009
Phone: (805) 654-2703
Fax: (805) 654-2226

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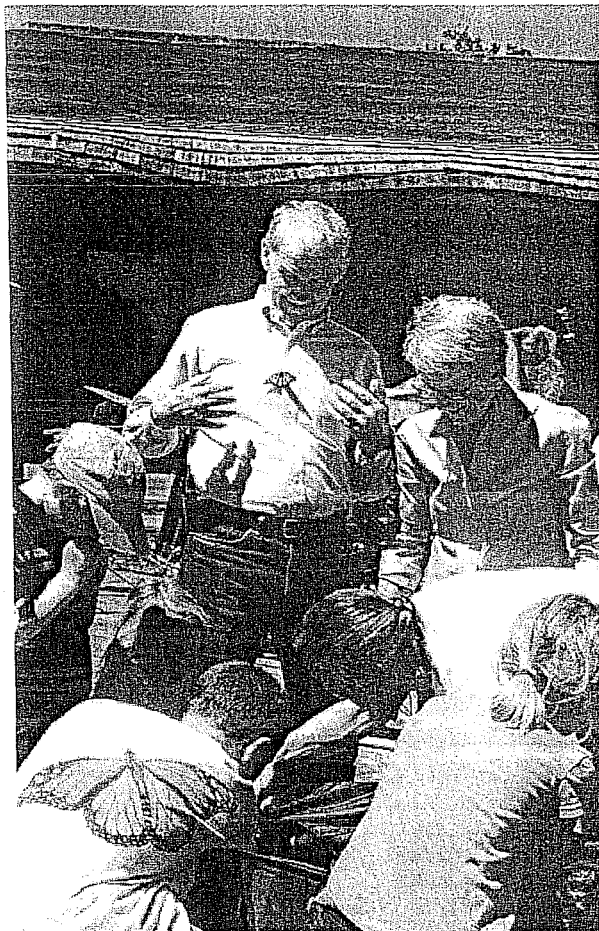
Boards and Commissions

Public Meeting Broadcasts
Agendas/Minutes

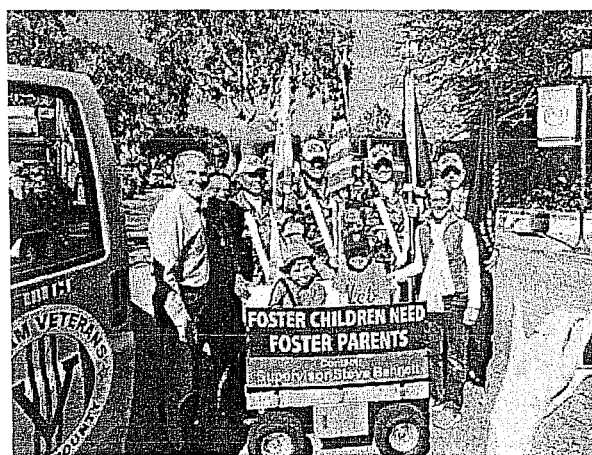




ADOPT A TRAIL - CLICK FOR DETAIL



Supervisor Steve Bennett and Senator Hannah Beth Jackson celebrated Earth Day at Oak Grove School on Saturday, April 23 with a Monarch Butterfly release. The Earth Day event is put together by four great environmental organizations that serve the Ojai Valley. The Ojai Valley Land Conservancy, The Green Coalition, Food for Thought and Oak Grove School.



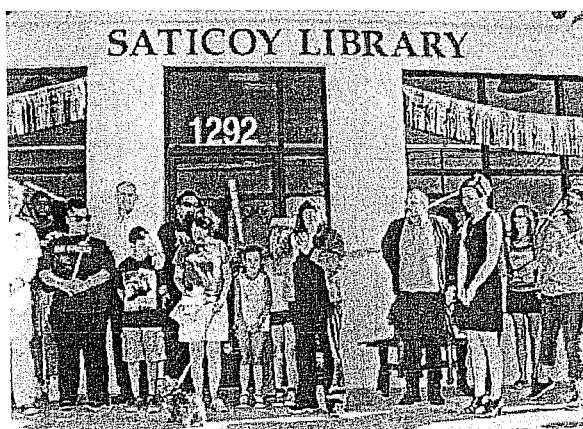
Supervisor Bennett, Vietnam Veterans of Ventura County and Senator Hannah-Beth Jackson at the 2016 St. Patrick's Day Parade



Supervisor Bennett at the Kellogg Park Groundbreaking



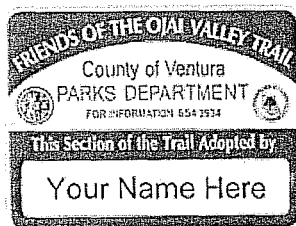
Meeting between Supervisor Bennett and Citizens for Responsible Oil and Gas (CFROG) January 8, 2016, regarding Mirada Petroleum Project, PL13-0158



Supervisor Bennett at the Satcoy Library Ribbon Cutting



Supervisor Bennett and Ojai City Mayor Severo Lara at the Libbey Playground Ribbon Cutting



[Adopt-A-Trail... Click for more information](#)

NOTE: As a convenience to our visitors, this page may contain links to external websites that are not managed or controlled by the County of Ventura.



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