# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

<table>
<thead>
<tr>
<th>1. Type of Recipient Committee:</th>
<th>2. Type of Statement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Officeholder, Candidate Controlled Committee</td>
<td>[ ] Preelection Statement</td>
</tr>
<tr>
<td>☑ State Candidate Election Committee</td>
<td>☑ Semi-annual Statement</td>
</tr>
<tr>
<td>☑ Recall (Also Complete Part 5)</td>
<td>☑ Special Odd-Year Report</td>
</tr>
<tr>
<td>☐ General Purpose Committee</td>
<td>☑ Quarterly Statement</td>
</tr>
<tr>
<td>☐ Sponsored</td>
<td>☑ Supplemental Preelection Statement - Attach Form 495</td>
</tr>
<tr>
<td>☐ Small Contributor Committee</td>
<td>☐ Controlled</td>
</tr>
<tr>
<td>☐ Political Party/Central Committee</td>
<td>☐ Amendment (Explain below)</td>
</tr>
<tr>
<td>☐ Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Committee Information</th>
<th>Treasurer(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D. NUMBER 1356001</td>
<td>NAME OF TREASURER Martin Jones</td>
</tr>
<tr>
<td>COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE) Martin Jones for Oxnard City Council 2013</td>
<td>MAILING ADDRESS 3630 Avocado Lane</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX) 3630 Avocado Lane</td>
<td>CITY Oxnard</td>
</tr>
<tr>
<td>CITY Oxnard</td>
<td>STATE CA</td>
</tr>
<tr>
<td>STREEET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX</td>
<td>ZIP CODE 93033</td>
</tr>
<tr>
<td>AREA CODE/PHONE 805 624-6883</td>
<td>AREA CODE/PHONE 805 624-6883</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Verification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

Executed on 05/20/2013 By ____________________________

Executed on 05/20/2013 By ____________________________

Executed on ____________________________

Executed on ____________________________

By ____________________________

By ____________________________

By ____________________________

By ____________________________

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
### 5. Officeholder or Candidate Controlled Committee

**NAME OF OFFICEHOLDER OR CANDIDATE**

Martin Jones

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

City Council City of Oxnard, CA

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

3630 Avocado Lane Oxnard CA 93030

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

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
<td></td>
</tr>
</tbody>
</table>

### 6. Primarily Formed Ballot Measure Committee

**NAME OF BALLOT MEASURE**

**BALLOT NO. OR LETTER**

**JURISDICTION**

**SUPPORT**

**OPPOSE**

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

**NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT**

**OFFICE SOUGHT OR HELD**

**DISTRICT NO. IF ANY**

### 7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE SOUGHT OR HELD**

**SUPPORT**

**OPPOSE**

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE SOUGHT OR HELD**

**SUPPORT**

**OPPOSE**

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<th>SUPPORT</th>
<th>OPPOSE</th>
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**OFFICE SOUGHT OR HELD**

**SUPPORT**

**OPPOSE**

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**OPPOSE**

**NAME OF OFFICEHOLDER OR CANDIDATE**

**OFFICE SOUGHT OR HELD**

**SUPPORT**

**OPPOSE**

Attach continuation sheets if necessary
**Campaign Disclosure Statement**

**Summary Page**

*SEE INSTRUCTIONS ON REVERSE*

**NAME OF FILER**

Martin Jones for Oxnard City Council 2013

### Contributions Received

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$100.00</td>
<td>$500.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$0.00</td>
<td>$1,790.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$100.00</td>
<td>$2,290.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$10,000.00</td>
<td>$2,190.00</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$10.00</td>
<td>$1,915.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$10.00</td>
<td>$1,915.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>$10.00</td>
<td>$1,915.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Cash Balance</td>
<td>$285.00</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$100.00</td>
</tr>
<tr>
<td>Miscellaneous Increases to Cash</td>
<td>$385.00</td>
</tr>
<tr>
<td>Cash Payments</td>
<td>$10.00</td>
</tr>
<tr>
<td>ENDING CASH BALANCE</td>
<td>$375.00</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Equivalents</td>
<td>$---------</td>
</tr>
<tr>
<td>Outstanding Debts</td>
<td>$---------</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.*

### Expenditure Limit Summary for State Candidates

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Election (mm/dd/yy)</td>
<td>$---------</td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.*

---

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).

---

FPPC Form 460 (January/OS)

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

Monetary Contributions Received

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/06/2013</td>
<td>Joseph O' Neill 705 North A Street Oxnard, CA 93030</td>
<td>IND</td>
<td>Attorney  Self Employeed</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. 
   (Include all Schedule A subtotals.) .................................................. $ 100.00
2. Amount received this period – unitemized monetary contributions of less than $100 ......................... $ 00.00
3. Total monetary contributions received this period. 
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................................ TOTAL $ 100.00

*Contributor Codes

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

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Schedule E Payments Made

Statement covers period from 04/21/2013 through 05/18/2013

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Martin Jones for Oxnard City Council 2013

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

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) or DESCRIPTION OF PAYMENT AMOUNT PAID

Citi Bank
2900 Saviers Road
Oxnard, CA 93033

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFC</td>
<td>Bank Fee</td>
<td>10.00</td>
</tr>
</tbody>
</table>

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

SUBTOTAL $ 10.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 10.00
2. Unitemized payments made this period of under $100 $ 0.00
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 $ 10.00

FPPC Form 460 (January/05)
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