Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [ ] Officeholder, Candidate Controlled Committee
     - [x] Primarily Formed Candidate/Officeholder Committee
     - [ ] State Candidate Election Committee
     - [ ] Recall
     - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
     - [ ] Political Party/Central Committee

   □ Primarily Formed Ballot Measure Committee
   - [ ] Controlled
   - [ ] Sponsored

   (Also Complete Part 6)

3. Committee Information
   I.D. NUMBER 1355472
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Committee to Elect Olivares Oxnard City Council 2013

   STREET ADDRESS (NO P.O. BOX)
   2304 Mint Way

   CITY Oxnard
   STATE CA
   ZIP CODE 93036
   AREA CODE/PHONE 805.889.0775

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

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS
   olivares4oxnard2013@gmail.com

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 03/31/2013
   Date

   Executed on 03/31/2013
   Date

   Executed on
   Date

   Executed on
   Date

   By
   Signature of Treasurer or Assistant Treasurer

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

   By
   Signature of Controlling Officer, Candidate, State Measure Proponent
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jo Ann Olivares</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City Council - City of Oxnard</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2304 Mint Way</td>
<td>Oxnard</td>
<td>CA</td>
<td>93036</td>
</tr>
</tbody>
</table>

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>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF TREASURER</th>
<th>CONTROLLED COMMITTEE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
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</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Support</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Support</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Support</td>
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</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
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<tbody>
<tr>
<td></td>
<td>Support</td>
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<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Support</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
# Campaign Disclosure Statement

**Summary Page**

**Type or print in ink.**

**Amounts may be rounded to whole dollars.**

**Statement covers period from**

01/25/2013

**through**

03/31/2013

**CALIFORNIA FORM 460**

**Page 3 of 7**

**I.D. NUMBER**

1355472

---

**Contributions Received**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A: TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</th>
<th>Column B: CALANDAR YEAR TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$3316.00</td>
<td>$3316.00</td>
</tr>
<tr>
<td>Loans Received</td>
<td>$2336.00</td>
<td>$2336.00</td>
</tr>
<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$5652.00</td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td>Add Line 2 + Line 3</td>
<td>$3746.00</td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 2 + Line 3</td>
<td>$3746.00</td>
</tr>
</tbody>
</table>

---

**Expenditures Made**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A: TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</th>
<th>Column B: CALANDAR YEAR TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$3746.00</td>
<td>$3746.00</td>
</tr>
<tr>
<td>Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$3746.00</td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$3746.00</td>
</tr>
</tbody>
</table>

---

**Current Cash Statement**

12. Beginning Cash Balance: Previous Summary Page, Line 16 $0

13. Cash Receipts: Column A, Line 3 above $5652.00

14. Miscellaneous Increases to Cash: Schedule I, Line 4 $0

15. Cash Payments: Column A, Line 8 above $3746.00

16. ENDING CASH BALANCE: Add Lines 12 + 13 + 14, then subtract Line 15 $1906.00

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

---

**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 $2336.00

---

**Calendar Year Summary for Candidates Running in Both the State Primary and General Elections**

<table>
<thead>
<tr>
<th>Description</th>
<th>Column A: TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)</th>
<th>Column B: CALANDAR YEAR TOTAL TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Contributions Received</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>21. Expenditures Made</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

---

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) $0

---

**FPPC Form 460 (January/05)**

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

*Type or print in ink. Amounts may be rounded to whole dollars.*

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</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 CALANDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/03/13</td>
<td>Audrey N. Covarrubias 2440 Jacaranda Dr., 93036</td>
<td>☑ IND</td>
<td>Clerical OSD</td>
<td>249</td>
<td>249</td>
<td></td>
</tr>
<tr>
<td>02/14/13</td>
<td>Angel Arreola 1905 No. Oxnard Blvd #1, 93030</td>
<td>☑ IND</td>
<td>Los Arboles Harvesting Inc. - Self Employed</td>
<td>1000</td>
<td>1000</td>
<td></td>
</tr>
<tr>
<td>03/03/13</td>
<td>Alben Barkley 155 So. G Street, 93030</td>
<td>☑ IND</td>
<td>Barkley Insurance Self-Employed</td>
<td>500</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>03/05/13</td>
<td>Frank G. Olivares 1381 So. E Street, 93033</td>
<td>☑ IND</td>
<td>Retired</td>
<td>300</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>03/17/13</td>
<td>Martha C. Aparacio</td>
<td>☑ IND</td>
<td>Retired</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL**: $2149.00

---

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) .......................................................... $ 2149.00

2. Amount received this period – unitemized monetary contributions of less than $100 .......................................................... $ 1165.00

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .......................... TOTAL $ 3314.00

---

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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3773)
## Schedule B - Part 1
### Loans Received

**Committee to Elect Olivares Oxnard City Council 2013**

<table>
<thead>
<tr>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>OUTSTANDING BALANCE CLOSE OF THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS RECEIVED TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jo Ann Olivares</td>
<td>Director Human Resources San Miguel Produce, Inc.</td>
<td>$2336.00</td>
<td>$2336.00</td>
<td>$2336.00</td>
<td></td>
<td>$2336.00</td>
<td>CALENDAR YEAR $2336.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PER ELECTION ** $2336.00</td>
</tr>
<tr>
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</tbody>
</table>

### Schedule B Summary

1. Loans received this period.
   
   (Total Column (b) plus unitemized loans of less than $100.)
   
   $2336.00

2. Loans paid or forgiven this period.
   
   (Total Column (c) plus loans under $100 paid or forgiven.)
   
   $0

3. Net change this period. (Subtract Line 2 from Line 1.)

   NET $2336.00

   (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.

**If required.

---

**Contributor Codes**

IND = Individual

COM = Recipient Committee (other than PTY or SCC)

OTH = Other (e.g., business entity)

PTY = Political Party

SCC = Small Contributor Committee
### Schedule E Payments Made

**Type or print in Ink. Amounts may be rounded to whole dollars.**

**Statement covers period**

from \[01/25/2013\]

through \[03/31/2013\]

**NAME OF FILER**

Committee to Elect Olivares Oxnard City Council 2013

**I.D. NUMBER**

1355472

**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)*
- CVG civic donations
- FL candidate filing/ballot fees
- RND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT 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
- PCS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RPD 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
- VWEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emilio J. Bernard</td>
<td>Design and layout of logo for print materials</td>
<td>500.00</td>
</tr>
<tr>
<td>852 Sapphire Ave.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventura, CA 9004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vista Printing</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:vistaprint@evistaprint.com">vistaprint@evistaprint.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UPrinting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UPrinting.com</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $** 2142.00

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .................................................. $ 3648.00
2. Unitemized payments made this period of under $100 ................................................................. $ 148.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ................... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 3796.00
### Schedule E
(Continuation Sheet)
Payments Made

**Name of Filer:** Committee to Elect Olivares Oxnard City Council 2013

**I.D. Number:** 1355472

**Statement covers period:**
- From: 01/25/2013
- Through: 03/31/2013

**Codes:**
- 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)

<table>
<thead>
<tr>
<th>Name and Address of Payee</th>
<th>Code</th>
<th>Description of Payment</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Oxnard</td>
<td>FIL</td>
<td></td>
<td>1400.00</td>
</tr>
<tr>
<td>305 West 3rd Street</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA 93030</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rand McNally</td>
<td>POL</td>
<td></td>
<td>106.00</td>
</tr>
<tr>
<td><a href="mailto:Store@randmcnally.com">Store@randmcnally.com</a></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal:** $1506.00

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